

Minnesota State University, Mankato

Request for Private Educational Records-Student Financial Services

Minnesota State University, Mankato complies with the Minnesota Government Data Practices Act (MGDPA) and the Family Education Rights and Privacy Act (FERPA) governing privacy of student records. Education records under MGDPA and FERPA are private and require written consent of the student to be appropriately released.

I, _____, request that **Student Financial Services** staff at Minnesota State University, Mankato release specified financial records to me within 10 days of their receipt of this request.
(Student-print name)

StarID or Tech ID: _____

Please indicate the school year(s) and full description of the type(s) of financial records you are requesting:

Financial Aid: _____

Student Account: _____

Please provide your current contact information: _____

Do you wish to view the records only? Yes ____ No ____

(There is no charge to view your records. Arrangements will be made with you to do so at a reasonable time and place, and you will be required to present government-issued photo identification to verify your identity).

Are you requesting copies of existing records? Yes ____ No ____

If yes, how would you like copies to be delivered to you?

(Costs associated with producing and delivering the records must be paid prior to their release. Approved charges are listed at <https://www.mnsu.edu/requestsforinfo/charges.html>. Total costs below \$5.00 will be waived).

____ Pick up in person. You will be contacted when the requested records are available and you will be required to present government-issued photo identification to verify your identity.

____ Fax. Please provide your fax number, including area code: _____

____ Email. Please provide your email address: _____
Documents will be sent using MoveItSecurely secure file transfer software.

____ Mail. Please provide your mailing address: _____

Student's Signature* _____ Date _____

***Student's signature must be witnessed by University Student Financial Services staff or by a Notary Public.**

State of _____)
County of _____) SS

On this _____ day of _____, _____ personally appeared before me, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.

Notary Seal:

Signature of Notary Public

Staff approved _____ (Initials)

OFFICE USE ONLY:

Routed to _____ on _____ Charges/Payment Received: _____ (Initials)
Staff Member Date

Appropriate action by _____ on _____, with comments (if any) below or on reverse side.
Staff Member Date

Imaged: _____ (Initials)