

# Residential Life Authorization for Release of Student Account and/or Enrollment Information

Name \_\_\_\_\_ Tech ID \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (Including Area Code) \_\_\_\_\_

In compliance with the Federal Family Education Rights and Privacy Act of 1974, the Minnesota Government Data Practices Act, and the University's policy on Access to Student Records, information about a student's account may not be released to a third party without the student's written permission. This includes a parent, spouse, sponsor, relative, organization, etc.

If you would like a third party to have access to your financial and/or enrollment information, please complete and sign this authorization and return to:



**Residential Life: 111 Carkoski Commons, Mankato, MN 56001**

*If you are mailing this document, you will need to sign the form in front of a notary public (see below).*

Additional forms are available if you are granting access to more than one third party. This authorization **does not** pertain to details regarding student conduct or disciplinary matters, residence hall conduct issues, medical, academic advising or counseling service records. Requests for information maintained by other offices must be made directly to those offices. This authorization form will be kept on file in Residential Life throughout the effective dates.

I, \_\_\_\_\_), do hereby authorize **Residential Life Staff** at Minnesota State University, Mankato to release (check any or all boxes that apply):

- Billing charges and payment information*
- Registration information (Enrollment/Grades/Academic Records/Academic Probation/Academic Suspension) **Note:** This authorization does not allow third party to obtain student's Unofficial/Official Transcripts or DARS Report.*

From my Minnesota State University, Mankato student files to: (Provide name and address of person or persons at same address to whom information is to be released and that person(s) or organization's relationship to you).

Name of Person(s)/Organization \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ (relationship to you) \_\_\_\_\_

Indicate the purpose for the release of information \_\_\_\_\_

- Please honor this authorization through \_\_\_\_\_ (Date). *If no date is specified, this authorization will be honored for one year after your last term of enrollment or until you notify us in writing to cancel it.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETED BY NOTARY ONLY IF FORM IS MAILED IN**

State of \_\_\_\_\_ SS  
County of \_\_\_\_\_

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 subscribed to this Instrument, and acknowledged that s/he executed it.

Notary Seal

\_\_\_\_\_  
Signature of Notary Public