

UNIVERSITY OF MINNESOTA, CROOKSTON CAMPUS

STUDENT PROFESSOR/ADVISOR/STAFF RECORDS RELEASE

(NOTE: Do **not** use this form to authorize another person to view your grades, holds, enrollment information, student account transactions, and/or financial aid information online. See the online **Parent/Guest Access authorization form** at <http://onestop.umcrookston.edu/registration/grades/guestaccess.htm>)

NOTE: Do **not** use this form to authorize another person (e.g., parent) to view and/or pay the charges on your billing statement, select the link, "<http://onestop.umcrookston.edu/tuition%5Fbilling/> .

DIRECTIONS

You must meet with your professor / academic advisor / Staff before you complete this form. To comply with the federal Family Education Rights and Privacy Act of 1974 (FERPA) and the Regents' Policy on Access to Student Records, the University cannot provide certain information from your student record to a third party. This restriction applies, but is not limited, to your parents/guardians, spouse, or sponsor. By completing, signing, and submitting this form to your professor/advisor/staff, you grant your professor/advisor/staff permission to release information held in his/her records to a third party. Even after you have given your permission, University personnel will not automatically send information to a third party. College professors/advisor/staff or other authorized staff retain the right to determine if, what, and how (e.g., in person, phone, e-mail) information is released to any third party. The professor/advisor/staff also reserve the right to request the student's presence when releasing information to a third party. After you complete parts A and B, you should retain a copy for your records and submit the form with your signature to your professor/advisor/staff to complete and sign Part C.

SECTION A. Student certification (to be completed by the student)

Student's name		University ID
Address		
Daytime phone	University e-mail @umn.edu	
OPTIONAL: Indicate here any specific information you do not want released to a third party.		

I hereby authorize the University to release my student record information to the third party identified in PART B, as follows: academic progress status (including, but not limited to, probation or suspension status and anticipated term of graduation, individual class academic standing details); major and minor; registration/enrollment (including classes enrolled in and adviser's recommendations); and graduation clearance/fulfillment of degree requirements. I understand that I may rescind this permission at any time by submitting a written, signed request to my professor/advisor/ staff.

Student's signature	Date
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SECTION B. Third party information (to be completed by the student)

Full name of third party		Third party month/date of birth
Relationship to the student		
Release method:		
<input type="checkbox"/> E-mail	E-mail Address	
<input type="checkbox"/> U.S. mail	Mailing Address	
<input type="checkbox"/> Phone (day)	Phone number	
<input type="checkbox"/> In person		

SECTION C. Authorization (completed by professor/adviser/staff and retained in file)

Professor/Advisor/Staff signature	Date
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The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

June 2012