

UNIVERSITY OF MINNESOTA, CROOKSTON CAMPUS

STUDENT INFORMATION RELEASE AUTHORIZATION

(See online Parent/Guest Access authorization form at <http://onestop.umcrookston.edu/registration/grades/guestaccess.htm>)

NOTE: To authorize another person (e.g., parent) to view and/or pay the charges on your billing statement, select the link, "UM Pay", online at <http://onestop.umcrookston.edu/tuition%5Fbilling/>. Login with your University student ID and password. Do not use this form for that purpose.

DIRECTIONS

In compliance with the Federal Family Education Rights and Privacy Act of 1974 and the Regents' Policy on Access to and Release of Student Education Records (<http://www.umcrookston.edu/info/policies/>), the University is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party. Submit your completed form to the One Stop Student Services Center, University of Minnesota, at the address given below for your campus. Please note that your authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by sending a written request to the same address. This form allows third parties to access student record information from any University of Minnesota campus. **NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record. **However, it is University policy not to release certain aspects of student records (e.g., registration, grades, GPA) over the phone or via e-mail.**

Print the completed form to add your signature in ink in Section C.

SECTION A. Student information		
Name (last, first, middle initial)	Social Security number last four digits only:	Student ID number
Current mailing address (street or P. O. box number, apartment number, city, state, and ZIP Code)		Daytime phone number
SECTION B. Third party designee		
Name (last, first, middle initial)	Social Security number last four digits only:	
Address (street or P. O. box number, apartment number, city, state, and ZIP Code)	Daytime phone number	
Relation to student	E-mail address	
Please check one or more of the boxes below to grant authorization to different types of information and student account records:		
<input type="checkbox"/> Grades/GPA, demographic, registration, student ID number, academic progress status, and/or enrollment information <input type="checkbox"/> Billing statements, charges, credits, payments, past due amounts, and/or collection activity <input type="checkbox"/> Access to student records maintained by the Office of the Registrar and the Office of Student Finance, including all of the above examples <input type="checkbox"/> Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress status <input type="checkbox"/> University-maintained loan disbursements, billing and repayment history (including credit reporting history), communication history, balances, and/or collection activity <input type="checkbox"/> Access to student records maintained by the Office of the Registrar and the Office of Student Finance, including all of the above examples		
SECTION C. Certification		
I authorize the above third party, named in Section B, to access the above indicated student record and/or account information. This authorization does not permit the third party to make any changes.		
Student's signature		Date

To request copies of this form in an alternative format, please call the Disabilities Services liaison at 218-281-8587. The University of Minnesota is an equal opportunity employer and educator.