

# STUDENT INFORMATION RELEASE AUTHORIZATION

Office of Student Conduct and Conflict Resolution

# 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 (https://regents.umn.edu/sites/regents.umn.edu/files/policies/Student\_Education\_Records.pdf) 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), student conduct 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 conduct records to a third party by submitting a completed Student Information Release Authorization. Submit your completed form to the Office of Student Conduct and Conflict Resolution, 245 Kirby Plaza. 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.

**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.

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| To complete the form online, place your cursor in the field and type. Print a copy to add your signature. |
| **Section A. STUDENT INFORMATION** |
| Name (last, first, middle initial) Click here to enter text. | Student ID Number Click here to enter text. |
| Current mailing address (street/P.O. box number, apt. number, city, state, and zip code)Click here to enter text. | Daytime phone number Click here to enter text. |
| **Section B. THIRD PARTY DESIGNEE** |
| Name (last, first, middle initial) Click here to enter text. |
| Current mailing address (street/P.O. box number, apt. number, city, state, and zip code)Click here to enter text. | Daytime phone numberClick here to enter text. |
| Please check one or more of the boxes below to indicate the student record information you are authorizing for release.[ ] Student Conduct Records[ ] Other (please specify) Click here to enter text. |
| Please check one or more of the boxes below to indicate the entity you are granting permission to release information.[ ] Vice Chancellor for Student Life and Dean of Students[ ] Associate Vice Chancellor for Student Life[ ] Office of Student Conduct & Conflict Resolution[ ] Other Please specify an individual’s name: Click or tap here to enter text. |
| **Section C. CERTIFICATION** |
| I authorize the above third party, named in Section B, to access the above student record information. This authorization does not permit the third part to make any changes. |
| Student’s signature | Date |

To request copies of this form in an alternative format, please contact UMD Disability Resources at 218.726.6130 or umddr@d.umn.edu

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