

Minnesota State University, Mankato
Student Financial Services and Office of the Registrar

Authorization for Release of Financial and/or Enrollment Information

Name _____ Minnesota State Mankato Tech ID No. _____

Address _____

City, State, Zip _____

Area Code and Phone No. _____

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:

Campus Hub
Minnesota State University, Mankato
117 Centennial Student Union
Mankato, MN 56001
Fax: 507-389-2227

If you are mailing or faxing 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 services records. Requests for information maintained by other offices must be made directly to those offices. This authorization form will be kept on file at the Campus Hub throughout the effective dates.

I, _____, do hereby authorize **Student Financial Services** and **Office of the Registrar** staff at Minnesota State University, Mankato to release (please any or all boxes that apply)

- | | |
|--|--|
| <input type="checkbox"/> Financial aid information and data | <input type="checkbox"/> 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. |
| <input type="checkbox"/> All billing charges and payment information | |
| <input type="checkbox"/> Student payroll information | |

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/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.

Note: This authorization applies only to financial and enrollment records. It **does not** authorize access to details regarding student conduct or disciplinary matters, residence hall conduct issues, medical, academic advising or counseling services records maintained by the University.

Student's Signature _____ Date _____

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

A member of the Minnesota State Colleges and Universities System.
Minnesota State Mankato is an Affirmative Action/Equal Opportunity University.
This document is available in alternative format to individuals with disabilities by calling the
Campus Hub at 507-389-1866 (V), 800-627-3529 or 711 (MRS/TTY).

Staff approved _____ (Initials)

Data Entered _____ (Initials) Rev 11/19