

# Student Consent to Release of Education Record

Pursuant to the Family Educational Rights and Privacy Act of 1974,

I \_\_\_\_\_ , \_\_\_\_\_  
(print name of student) Social Security #

hereby consent to the release, by Minnesota State University Moorhead and to the extent defined below, of the following Business Office financial records directly related to me:

• **Records to be released:** (✓ below)

- All University charges as they appear on my term record for the academic year.
- All payment information including Financial Aid applied to my term bill.
- Academic Records, Transcripts, Grades, etc.
- Other \_\_\_\_\_  
(must specify: i.e. medical, etc.)

• **Reasons for such release:** (✓ below)

- Personal
- Job related
- Funding related (scholarship organizations, etc.)

• **Parties to whom such records may be released:**

Full name(s) Relationship/Organization

Full name(s)	Relationship/Organization
_____	_____
_____	_____
_____	_____

I understand that records may not be released except on the condition that the party to which the information is being transferred will not permit any other party to have access to such information without my written consent.

I also understand that, at my request, I shall be provided with a copy of the educational records released pursuant to this consent.

(Please indicate whether a copy is requested:  Yes  No)

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_ Dragon ID#: \_\_\_\_\_

**RETURN this form to the MSUM Business Office.**