



# Minot State UNIVERSITY

## FINANCIAL & ACADEMIC RECORDS CONSENT TO RELEASE FORM

### Registrar's Office

Pursuant to the Family Educational Rights and Privacy Act of 1974, I \_\_\_\_\_  
(Print your name as it appears on University Records)  
hereby consent to the release by Minot State University of the following student records:

**Check all that apply:**

\_\_\_\_\_ *All Academic Records/Transcripts* (If a transcript is to be sent to an address other than that on file at MSU, a written request must be signed by the student or party to whom the student has permitted release of such records. All official transcripts are \$5.00 per copy.)

\_\_\_\_\_ *All Financial Records* (These records include, but are not limited to, Financial Aid, Business Office, Residence Life, Dining Services, Activity Card Charges, Bookstore Charges, and Student Health Services.)

\_\_\_\_\_ *Other* (please specify): \_\_\_\_\_

**Name of individuals to whom such records may be released (REQUIRED & PLEASE PRINT)**

Name	Relationship	D.O.B.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Check one and sign below:**

\_\_\_\_\_ **Please honor requests for my records by those individuals/parties listed above.**

I acknowledge by my signature that I understand, although I am not required to release my records to these individual(s), I am giving my consent to release the information. I understand that this release remains in effect until I revoke such consent in writing, and the revocation is delivered to MSU. I also understand that if I am under 18 years old, or a dependent for tax purposes, MSU can disclose such information to parents and legal guardians regardless of my consent.

\_\_\_\_\_ **Please revoke the FERPA Release Form on file at MSU (will revoke all access to third parties.)**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date of Birth