



Minot State UNIVERSITY

Financial and 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	Signature	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

Return form to Minot State University Registrar's Office, 500 University Ave West, Minot, ND 58707