Information Release Authorization Form

	ce with federal law, recognizes the student or applicant has access to a SCSU has about him/her.
I,Family/Last name	, an applicant or current student of
	ty authorizes the Center for International Studies to communicate with:
Family/Last name Please check the appropr	Given/First name Middle name Agency Name riate box (es):
☐ This may inc	lude, but is not limited to, communications about my application, admission decisions,
account informa	ation, student conduct issues, health and safety, academics, or immigration issues. I
expressly waive	any privacy rights I may otherwise have under FERPA. Such contact may occur
before, during, o	or after the program.
☐ To share/rele	ase my original (or copies of) documents once those documents have been processed by the
relevant Center	for International Studies personnel. (Note: Original/copies of TOEFL scores from ETS
and/or original I	ELTS scores from the British Council will NOT be released.).
_	e. parent, friend, agent):
	orized person):
	f authorized person):
	person) (include city, state/province, country, and zip code):
	ective until revoked in writing. I acknowledge that the University cannot retract or reclaim sed/distributed while this authorization was in effect.
I declare that I understa is true, correct and comp	nd the conditions stated on this form. I confirm that the information provided on this form plete.
Signature:	Date:
SCSU Student I.D (If ap	plicable):
Email address:	Telephone Number:
Please fill out one form	per person authorized. Form must be signed in order to be valid.
720 Fourth Avenue Sou CIS Phone Number: 1-	: St. Cloud State University, Center for International Studies, Lawrence Hall 101, 1th, St. Cloud, MN 56301 or FAX to: 1-320-308-4223 320-308-4287 or International Studies. Reviewed and approved by the Special Advisor to the President,

12/16/2008.