

DEPARTMENT OF CAMPUS INVOLVEMENT
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May 9, 2018

COVERSHEET FOR THE RELEASE OF STUDENT GRADES

Dear St. Cloud State University Greek Member,

Attached to this letter you will find the Authorization for the Release of Private Personnel Data under the Minnesota Government Data Practices Act form. This form allows the Department of Campus Involvement to release and/or orally discuss the education records described on the form.

The purpose of this grade release form is to provide the necessary grade information to our office, the chapter and (if applicable) the (inter)national organization headquarters. The Department of Campus Involvement tracks academic progress of the organizations and uses this information to see what additional academic support we can provide to our Greek community. In addition, per the Student Organization Guidebook, officers of student organizations are to remain in good academic standing which is verified at the beginning of the Fall and Spring semesters. The chapters typically ask for academic and grade information for internal purposes such as checking individual grade requirements and holding members accountable to chapter standards. The (inter)national organizations require these GPA and grade information for national reporting. Upon request a student may receive a copy of this documentation.

A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

Note: By not signing this form you may jeopardize your ability to maintain an active and recognized status and membership within a social Greek-letter organization at St. Cloud State University.

Signature:	Tech ID #	Greek Chapter

Please let me know if you have any further questions.

Best,

Samantha Bosacki

Sami Bosacki

Assistant Director of Greek Life and Student Organizations

Email: slbosacki@stcloudstate.edu

Complete Back of Form (Signature Required) 

Grade Release Form

I, _____, hereby authorize St. Cloud State University to release and/or orally discuss the education records described below about me to: undergraduate chapter presidents, undergraduate academic chairs, university Greek Life advisors, and/or regional/state/district or (inter)national headquarters representatives associated with the fraternity or sorority member.

The specific records covered by this release are: grades and proof of enrollment.

The persons to whom this information may be released, and their representatives, may use this information for the following purposes: to check grades and proof of enrollment at St. Cloud State University.

I understand that the student records information listed above includes information which is classified as private on me under Minn. Stat. §13.32 and the Federal Family Education Rights and Privacy Act. I understand that by signing this Informed Consent Form, I am authorizing the College/University to release to the persons named above and their representative's information which would otherwise be private and not accessible to them. I understand that without my informed consent, the College/University could not release the information described above because it is classified as private.

I understand that when my education records are released to the persons named above and their representatives, the College/University has no control over the use the persons named above or their representatives make of the records which are released.

This consent expires upon completion of the above stated purpose or after one year, whichever comes first. However, if the above-described purpose is not fulfilled after one year, I may renew this consent.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Signature

Date

MnSCU Counsel Approved 1/2015