

# Information Release Authorization Form

Select One:  International Admissions;  International Student and Scholar Services;  Study Abroad

SCSU, in compliance with federal law, recognizes the student or applicant has access to records/information SCSU has about him/her.

I, \_\_\_\_\_, an applicant or current student of  
Family/Last name                      Given/First name                      Middle name

St. Cloud State University authorizes the Center for International Studies to communicate with:

\_\_\_\_\_/ and/or \_\_\_\_\_;  
Family/Last name                      Given/First name                      Middle name                      Agency Name

Please check the appropriate box (es):

This may include, but is not limited to, communications about my application, admission decisions, account information, 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, or after the program.

To share/release 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 IELTS scores from the British Council will NOT be released.).

**Relationship to you** (i.e. parent, friend, agent...): \_\_\_\_\_

**Email Address** (of authorized person): \_\_\_\_\_

**Cell Phone Number** (of authorized person): \_\_\_\_\_

**Address** (of authorized person) (include city, state/province, country, and zip code):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization is effective until revoked in writing. I acknowledge that the University cannot retract or reclaim records that were disclosed/distributed while this authorization was in effect.

*I declare that I understand the conditions stated on this form. I confirm that the information provided on this form is true, correct and complete.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SCSU Student I.D (If applicable): \_\_\_\_\_

Email address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please fill out one form per person authorized. Form must be signed in order to be valid.

**Mail completed form to: St. Cloud State University, Center for International Studies, Lawrence Hall 101, 720 Fourth Avenue South, St. Cloud, MN 56301 or FAX to: 1-320-308-4223**

**CIS Phone Number: 1-320-308-4287**

*Drafted by the Center for International Studies. Reviewed and approved by the Special Advisor to the President, 12/16/2008.*