AUTHORIZED FOR THE RELEASE
OF STUDENT INFORMATION

TO WHOM IT MAY CONCERN:

I, _____________________________________, hereby authorize St. Cloud State University ____________________________________ to release and/or orally discuss the education records described below about me to: _____________________________
______________________________________________________________________
______________________________________________________________________.

The specific records covered by this release are: _________________________
______________________________________________________________________
______________________________________________________________________.

The persons to whom the information may be released, and their representatives, may use this information for the following purposes: ___________________________
______________________________________________________________________
______________________________________________________________________.

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 St. Cloud State University to release to the persons named above and their representatives information which would otherwise be private and not accessible to them (information will not be released over the telephone). I understand that without my informed consent, St. Cloud State 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, St. Cloud State University has no control over the use the persons named above or their representatives make of the records which are released.

I understand that, at my request, St. Cloud State University must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent. I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time. This consent expires upon completion of the above stated purpose or after one year, whichever comes first. However, if the above-stated purpose is not fulfilled after one year, I may renew this consent. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

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

Dated: _____________________________
Signed: ____________________________