Minnesota State University Moorhead is committed to the protection and confidentiality of student educational records, adhering closely to the guidelines established by the Family Educational Rights and Privacy Act – a federal legislation established to regulate access and maintenance of student educational records.

Pursuant to the Family Educational Rights and Privacy Act of 1974, I

I ________________________________________________________________
(Print Legal Name of Student)

hereby consent to the release, by Minnesota State University Moorhead and to the extent defined below, of the following education records directly related to me:

Records to be released (check all that apply):

☐ All university charges as they appear on my term record for the academic year.
☐ All payment information including financial aid applied to my term
☐ Academic records, transcripts, grades, etc.
☐ Other ________________________________ (must specify: i.e. medical, etc.)

Reasons for such release (check all that apply):

☐ Personal
☐ Job related
☐ Funding related (scholarship organizations, etc.)

Parties to whom such records may be released:

Full name(s)                                      Relationship/Organization
______________________________________________  __________________________________________
______________________________________________  __________________________________________

I understand that such records may not be released except on the condition that the party to which the information is being transferred will not permit any other party to have access to such information without my written consent. I also understand that, at my request, I shall be provided with a copy of the education records released pursuant to this consent.

Please indicate whether a copy is requested:     Yes ☐      No ☐

Signature of Student: ____________________________________________

Student ID: _____________________  Date: ________________________

By signing this form, I understand the release of information is good for only ONE YEAR from date of my signature.

Return form to:
Minnesota State University Moorhead Registrar’s Office
Owens Hall 104 | 1104 7th Ave S | Moorhead MN  56563
Phone: 218.477.2565  Fax: 218.477.2941
Email: Registrar@mnstate.edu

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