



UNIVERSITY OF MINNESOTA DULUTH
Driven to Discover

STUDENT INFORMATION RELEASE AUTHORIZATION

Office of Student Conduct and Conflict Resolution

DIRECTIONS

In compliance with the Federal Family Education Rights and Privacy Act of 1974 and the Regents' Policy on Access to and Release of Student Education Records (https://regents.umn.edu/sites/regents.umn.edu/files/policies/Student_Education_Records.pdf) the University is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts), student conduct and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University permission to release information about your student conduct records to a third party by submitting a completed Student Information Release Authorization. Submit your completed form to the Office of Student Conduct and Conflict Resolution, 245 Kirby Plaza. Please note that your authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by sending a written request to the same address.

NOTE: For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record.

To complete the form online, place your cursor in the field and type. Print a copy to add your signature or electronically sign and send from your UMD email.

Section A. STUDENT INFORMATION	
Name (last, first, middle initial)	Student ID Number
Current mailing address (street/P.O. box number, apt. number, city, state, and zip code)	Daytime phone number
Section B. THIRD PARTY DESIGNEE	
Name (last, first, middle initial)	
Current mailing address (street/P.O. box number, apt. number, city, state, and zip code)	Daytime phone number
Please check one or more of the boxes below to indicate the student record information you are authorizing for release. <input type="checkbox"/> Student Conduct Records <input type="checkbox"/> Other (please specify)	
Please check one or more of the boxes below to indicate the entity you are granting permission to release information. <input type="checkbox"/> Vice Chancellor for Student Life and Dean of Students <input type="checkbox"/> Associate Vice Chancellor for Student Life <input type="checkbox"/> Office of Student Conduct & Conflict Resolution <input type="checkbox"/> Other Please specify an individual's name:	
Section C. CERTIFICATION	
I authorize the above third party, named in Section B, to access the above student record information. This authorization does not permit the third part to make any changes.	
Student's signature	Date

To request copies of this form in an alternative format, please contact UMD Disability Resources at 218.726.6130 or umddr@d.umn.edu
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