

**Minnesota State University, Mankato
Department of Aviation**

Authorization for Release of Student Records

Name _____ Minnesota State Mankato Tech ID No. _____

Address _____

City, State, Zip _____

Area Code and Phone No. _____

In compliance with the Federal Family Education Rights and Privacy Act of 1974, the Minnesota Government Data Practices Act, and the University's policy on Access to Student Records, information about a student's account may not be released to a third party without the student's written permission. This includes a parent, spouse, sponsor, relative, organization, etc.

If you would like a third party to have access to your financial and/or enrollment information, please complete and sign this authorization and return to:

Department of Aviation
Minnesota State University, Mankato
328 Armstrong Hall
Mankato, MN 56001

Additional forms are available if you are granting access to more than one third party. This authorization **does not** pertain to details regarding student conduct or disciplinary matters, residence hall conduct issues, medical, or counseling services records. Requests for information maintained by other offices must be made directly to those offices. This authorization form will be kept on file in the Department of Aviation throughout the effective dates.

I, _____, do hereby authorize *Department of Aviation* staff at Minnesota State University, Mankato to release **(please ✓ any or all boxes that apply)**
(print name)

_____ All billing charges and payment _____ Registration information (Enrollment/Grades/Academic Records) **Note:** This authorization does not allow Third party to obtain student's Unofficial/Official Transcripts or DARS Report.

_____ Other: _____

from my Minnesota State University, Mankato student files to: (Provide name and address of person or persons at same address to whom information is to be released and that person(s) or organization's relationship to you).

Name of person/organization _____ Address _____

City, State, Zip _____ (relationship to you) _____

Indicate the purpose for the release of information: _____

* Please honor this authorization through _____ (Date). If no date is specified, this authorization will be honored for one year after your last term of enrollment or until you notify us in writing to cancel it.

Note: This authorization applies only to financial and enrollment records. It **does not** authorize access to details regarding student conduct or disciplinary matters, residence hall conduct issues, medical, academic advising or counseling services records maintained by the University.

Student's Signature _____ Date _____

Staff approved _____ (Initials) Data Entered _____ (Initials)