



Authorization to Release Information

Name: _____ SSN/ID (Last Four Only): _____

I do hereby authorize Montana State University Northern to discuss my files pertaining to:

- Grades Enrollment Residence Life
- Academic History Billing Financial Aid Records
- including FAFSA & award packaging information

I would like the information released to:

Names _____

Relationship _____

Authorization Password: _____

Organization(s) or Tribal Entity:

Signature: _____ Date: _____

This release is in effect from _____ to _____.
(If not designated, release is in effect until graduation)

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's education records. These confidential records include but are not limited to academic records, financial aid, scholarship and billing/account information, and **will not be released without written consent from the student.** Unless revoked in writing, this release will expire on the date stated by the student, or until graduation.