



Authorization to Release Information

Name: _____ ID: _____

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

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Grades | <input type="checkbox"/> Enrollment | <input type="checkbox"/> Residence Life |
| <input type="checkbox"/> Financial Aid Information | <input type="checkbox"/> Billing | <input type="checkbox"/> Academic History |

I would like the information released to:

Names/Title: _____

Relationship/Agency: _____

Authorization Password: _____

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.