

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

The confidentiality of information policy followed by International Student & Scholar Services (ISSS) is based on 1) the Federal Education Right to Privacy Act, 2) ethical guidelines of professional associations, and 3) the University of Minnesota Regents' policy. These policies are intended to protect your privacy. The information in your ISSS file may include public information (not requiring written permission for release) or private information. Private information can be released only by a student's written consent, except in limited circumstances such as an emergency, or in response to a subpoena or court order. With this understanding, if you desire to authorize International Student & Scholar Services at University of Minnesota to release your confidential health and/or educational information to a third party, please continue to fill out this form.

NOTE: In order to provide you the best service possible, your authorization to contact certain professionals may be necessary. Whomever you designate ISSS to contact, and the content that is discussed, will be with your best interest in mind.

Student's Name

Family name

First name

Middle

U of M ID#

I hereby authorize International Student & Scholar Services to release the following documents or information (check all that applies):

demographic academic record enrollment visa medical financial notes from file

other (specify below):

The documents or information should be released to the following persons/departments.

University Department(s):

Student Counseling Services (SCS) Boynton Health Service Disability Resource Center

Other(s): e.g. Academic Advisor, Doctor, Therapist, Family, etc.

<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Name	Relationship	Phone/E-mail
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
Name	Relationship	Phone/E-mail
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Name	Relationship	Phone/E-mail

I am consenting to release this information for the following purposes (e.g. counseling, consulting, legal issue, etc):

STATEMENT: The authorization is in effect for one year from the date of my signature below or until I request in writing that it be rescinded, whichever comes first.

Student's Signature Month Day Year