



International Student & Scholar Services

# CONSENT TO RELEASE CONFIDENTIAL INFORMATION SPONSORED STUDENTS

UNIVERSITY OF MINNESOTA

### What is this Form About?

In compliance with the U.S. Federal law called "Family Education Rights and Privacy Act of 1974" (commonly called "FERPA") and the University of Minnesota Regents' Policy on Access to and release of Student Education Records (onestop.umn.edu/faculty/grades/records\_policies.html), the University of Minnesota 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, and other student record information. The purpose of FERPA is to protect a student's privacy of information. This prohibition applies, but is not limited, to your parents, your spouse, or a sponsor (each of these is commonly known as a Third Party). As a unit within the University, International Student and Scholar Services (ISSS) follows FERPA and university policy. This form pertains to ISSS release of your information to Third Parties.

You may, at your discretion, grant permission to release information about your student records (and, if necessary, your medical records) to ISSS and any UMN staff who are designated by an ISSS staff member. If you grant us this permission to release information, it would only be to a specific Third Party that you name on this Consent to Release Confidential Information Form. You must complete and submit a separate form for each Third Party whom you want us to send or discuss information regarding your student (and medical) records.

### Student Records to be released or disclosed to the Person/Organization named below:

- Unofficial Transcripts, Grades/GPA, Course Schedule, Change of Major/Degree Information, Registration/Enrollment, Student ID Number, Academic Progress, Probation/Suspension, Student Holds, Disciplinary Records, and/or Graduation Date
- Billing Statements, Balances, Charges, Credits, Payments, Past Due Amounts, and/or Collection Activity
- Contact Information (Addresses, Phone Numbers, Email Addresses)
- SEVIS and U.S. Immigration Status
- Medical Records (in order to facilitate medical evacuation to student's home country in case of physical and/or mental health conditions that would prevent the student from continuing participation in the U.S. academic program)

STUDENT'S NAME:     
Family name First name Middle

U OF M ID#:  SPONSORING PROGRAM STUDENT ID:

DATE OF BIRTH:    PHONE OR CELL NUMBER:   
Month Day Year

EMAIL:

### Third-Party Person/Organization to whom information may be released:

NAME OF SPONSORING ORGANIZATION OR EMBASSY:

NAME OF OFFICIAL CONTACT/SPONSOR:

ADDRESS:

EMAIL:  PHONE:  FAX:

ISSS may receive a request from the above Organization or Embassy for any or all of the Student Records listed above or information contained within such Student Records. By signing below, you are authorizing ISSS, and any UMN staff who are designated by an ISSS staff member, to release the Student Records listed above and the information contained within such Student Records to the Person/Sponsor specified above for the duration of your enrollment at the University of Minnesota. You may revoke (withdraw) this release at any time in writing. If you revoke this release, then the University of Minnesota will not be able to communicate with the Person/Sponsor regarding your Student Record.

Student's Signature Month Day Year