

STUDENT INFORMATION RELEASE FORM

Dickinson State University • Office of Academic Records • 291 Campus Drive • Dickinson, ND 58601

I, _____
(Name of Student) (Empl ID#)

hereby authorize Dickinson State University to disclose the following personal information that is available at the institution and that pertains to myself and/or my family to:

(Party to whom information is to be released) Date of birth

(Party to whom information is to be released) Date of birth

(Address)

(City, State, Zip code)

You must make up your own 8 character SECURITY CODE. This code must be known by all individuals listed above.

SECURITY CODE:

It must be a combination of numbers and letters. It cannot be a birth date.

This code will be requested before a verbal (over-the-phone) release of information will be granted. Code is not required for a "mailed" informational release to addresses listed on this form.

Information that is authorized for release (please check one or more of the following options):

_____ **Academic Information** (Grades, Class Schedules, Probations/Suspensions, Notices, etc.)
(Grades are not automatically sent at the end of the semester.)

_____ **Financial Information** (Financial Aid/Business Office, Fees, Holds, Fines)

_____ **Residential Life Information** (Disciplinary and Judicial)

_____ **Release All** (Academic, Financial and Residential Life)

This release indemnifies Dickinson State University from any actions resulting from the disclosure of the information stated above, and of any requirements mandated within the Family Educational Rights and Privacy Act of 1974. This release remains in effect until such time as written notice is received from the student requesting cancellation of the authorization for release of information.

Date: _____ Student Signature: _____