

2023-2024 Student Information Release Authorization Form

In compliance with the Federal Family Education Rights and Privacy Act of 1974 (FERPA), the Regents' Policy on Access to and Release of Student Education Records and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 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 (including scholarships, grants, work-study or loan amounts), dates of service, visit descriptions, insurance information, medical bills and other student record information. This restriction applies, but is not limited to: parents, your spouse, or a sponsor.

You may, at your discretion, grant the Office of Student Health Benefits permission to release information about your student records to a third party by submitting a Student Information Release Authorization (this form). You must complete a separate form for each incident and for each third party to whom you wish to grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. You may revoke your authorization by sending a written request to the Office of Student Health Benefits.

Please note that your authorization to release information is per incident only and will expire after one year.

A. Student Information

Name (last, first, middle initial) <i>(please print)</i>	Date of birth (mm/dd/yyyy)	Gender	U of M ID number
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Street address, city, state, ZIP code	Daytime phone	Email address
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B. Third Party Designee

Name (last, first, middle initial) <i>(please print)</i>	Relationship to student
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Street address, city, state, ZIP code	Daytime phone	Email address (optional)
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C. Authorization

AUTHORIZATION: I authorize the above third party to access my student account and/or record. This authorization does not permit the third party to make any changes.

Student signature (electronic signatures are not accepted)	Date signed
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Please submit to: Office of Student Health Benefits, 410 Church Street SE, N323, Minneapolis, MN 55455

Email: umshbo@umn.edu Phone: 612-624-0627 Fax: 612-626-5183 or 1-800-624-9881 Website: shb.umn.edu

Please keep a copy of this form for your records. ©2023 by the University of Minnesota, Office of Student Health Benefits