2024-2025 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) *(please print)*   Date of birth (mm/dd/yyyy)   Sex   U of M ID number

_____
Street address, city, state, ZIP code   Daytime phone   Email address

B. Third Party Designee

_____
Name (last, first, middle initial) *(please print)*   Relationship to student

_____
Street address, city, state, ZIP code   Daytime phone   Email address (optional)

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