

WSU Warrior Hub (Maxwell 2nd floor)
P.O. Box 5838
Winona, MN 55987
Phone: 507.457.2800
Fax: 507.457.5578

WINONA

STATE UNIVERSITY



FERPA

(Authorization to Access Educational Record/Informed Consent Form)

Warrior ID: _____

I, _____, authorize Winona State University to release in print or orally discuss my educational record information listed below to the following individual(s), upon the individual(s) correctly providing these two security codes:

Security Codes: Please provide two important birthdays. (1) _____ (2) _____

Full Name (*please print*)

Initial each individual
you authorize

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

This permission is granted for as long as I remain a continuing student at Winona State University.

- All
- Academic Records (e.g., registration, transcripts, academic standing, etc.)
- Disciplinary Records (e.g., violations, hearings, suspensions, etc.)
- Employment Records (e.g., student, work student, assistantships, etc.)
- Financial Records (e.g., financial aid, charges, payments, refunds, etc.)
- Housing Records (e.g., room assignments, charges, refunds, etc.)
- Other: _____

I understand this release authorizes this (these) individual(s) to request in my name production of any official or unofficial documents or copies of documents related to the area(s) indicated above.

The persons to whom the information may be released, and their representatives, may use this information for the following purposes:

- Any and all as determined by the authorized individual(s).
- Other (please specify purpose): _____

(Over)

**Authorization to Access Educational Record
Informed Consent Form (Continued)**

I understand that the educational record information listed on the front of this form includes information classified as private under Minn. Stat. § 13.32 and the Federal Family Education Rights and Privacy Act of 1974. I understand that by signing this Informed Consent Form, I am authorizing Winona State University to release to the person(s) named on the front of this form, or their legally authorized representatives, the private information which would otherwise be unavailable to them. I understand that without my informed consent, Winona State University could not release this information. I understand that this permission is granted for as long as I remain a continuing student at Winona State University.

I understand that the following information has been designated as directory information at Winona State University, and, as such, is available to the general public: student name; classification; permanent, local, and email address; telephone numbers; enrollment status; degrees and dates received; date and place of birth; major and minor fields of study; participation in officially recognized activities and sports; weight and height of athletes; awards received; dates of attendance; most recent educational institution attended, and local email address.

I understand that when my education records are released to the persons named above or their legally authorized representatives, that Winona State University has no control over the use the persons named above or their representatives make of the records which are released.

I understand I have the right to inspect my university records and, upon written request, may review my records with a college representative to interpret the contents. I understand that I may also copy materials and challenge or question file contents by contacting the Winona State University Data Privacy Officer (507-457-2800). Non-public records will not be released to other persons – other than those specified on the front of this form – without my permission except to those officials or agencies who have a legitimate educational interest or are otherwise authorized by state, federal, or local law. Winona State University may disclose my education records without my consent or notification to officials of another school in which I seek enrollment.

I understand that, at my request, Winona State University must provide me with a copy of any educational records it releases to the persons named on the front of this form. I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time. If I wish to revoke my consent, I must inform the Registrar in writing by sending a letter with my signature to: Warrior Hub, Maxwell Hall 209, Winona State University, P.O. Box 5838, Winona, MN 55987-5838.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

Signature: _____

Date: _____

