UNIVERSITY OF MINNESOTA

Consent to Release Academic Information

DIRECTIONS— Please provide the name, ID number and signature of all members of your student group. This will authorize the inspection of your records and the release of your academic information to Academic Support Resources and the Registrar's Office for the purpose of verifying student eligibility for academic and/or scholarship awards programs.

RETURN THIS FORM AND ELIGIBILITY DOCUMENT(S) TO:
One Stop Student Services Center
University of Minnesota, Twin Cities
333 Robert H. Bruininks Hall
222 Pleasant St. SE
Minneapolis, MN 55455-0239
Phone: 612-624-1111
Email: asrathl@umn.edu

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

SECTION A.

Contact Person	Contact Phone #
Sport or Group	Email Address
Academic Year	Date

SECTION B. Authorization

I authorize the inspection of my records and the release of academic information for the purpose of verifying eligibility for academic and/or scholarship awards programs.

NAME (Print)	ID #	Signature

Note: Eligibility will not be certified without a student's signed consent.

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