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.

EMAIL OR RETURN THIS FORM AND ELIGIBILITY DOCUMENT(S) TO:

otr@umn.edu or 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

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.



To request copies of this form in an alternative format, please call a Disability Resource Center liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.