



**OFFICE OF STUDENT AFFAIRS  
AUTHORIZATION AND CONSENT  
TO RELEASE INFORMATION**

I, \_\_\_\_\_,  
(student's name printed or typed)

authorize the Office of Student Affairs to release or exchange the information described below to or with

\_\_\_\_\_  
\_\_\_\_\_  
(name of person(s) or organization to receive information)

Please describe what information you would like released. Check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Academic performance/status information | <input type="checkbox"/> Mental health concerns               |
| <input type="checkbox"/> Disability information                  | <input type="checkbox"/> Personal concerns                    |
| <input type="checkbox"/> Family history                          | <input type="checkbox"/> Conduct history/behavioral incidents |
| <input type="checkbox"/> Financial information                   | <input type="checkbox"/> Other (described below)              |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the information released by this authorization will be protected as private data according to the provisions of the Minnesota Data Practices Act and, to the extent permitted by law, will not be released to others without my authorization.

I recognize that Macalester's Office of Student Affairs cannot guarantee the privacy of information released by it under this authorization, but it is my intent that the party I designate to receive it will consider it private according to the provisions of the Minnesota Data Practices Act.

Further, I understand that I may rescind this authorization at any time by giving written notification to the above named parties, and that otherwise it will expire 1 year from this date.

I fully understand all the above and my consent on this form is freely given.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Legal Guardian, if minor