



**NORTHERN**

Return form to:  
NSU Registrar's Office  
1200 S Jay St  
Aberdeen, SD 57401  
DH-103 fax: 605-626-2587

**NORTHERN STATE UNIVERSITY**  
**Student Consent to Release Educational and Financial Records**

Pursuant to the Family Educational Rights and Privacy Act of 1974, I,

\_\_\_\_\_  
Student Name ID number

hereby consent to the release by Northern State University of information concerning my educational records and my financial obligations with the University.

**Party to whom such records may be released** (One form per person or party; married parents living at the same address may be listed on the same form):

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Phone

Information will not be released to this party unless identification is validated by photo id or knowledge of key data fields in the student record.

I understand that such records may not be released except on the condition that the party to whom the information is being released will not permit any other party to have access to such information without my written consent. I also understand that, at my request, I shall be provided with a copy of the educational/financial records released pursuant to this consent.

Permission given:

\_\_\_\_\_  
Signature of Student Date