

STUDENT INFORMATION RELEASE AUTHORIZATION STUDENT ACCOUNT & BILLING

In compliance with the Family Educational Rights and Privacy Act of 1974 the University of St. Thomas is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid and other student record information. This restriction includes, but is not limited to, your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University of St. Thomas permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student account and billing records.

Please provide the following information:

Student Information				
Student Name		UST ID #		
Third Party Designee				
Organization			Contact Name	
Street Address	City		State	Zip Code
Phone #	Email Addı		<u> </u>	
Enrollment and course informationFinancial aid disbursements	0 0	, : :: 3::, ::::	,	
• Financial aid disbursements Please note that by completing this form release personally identifiable information	n, you are granting	permission to em	ployees of the Univ	versity of St. Thomas to listed above. The
specified information will be made availa expiration date; however, you may revo				authorization has <i>no</i>
Student Signature		Date		
Return this authorization form to:				

email: busoffice@stthomas.edu

2115 Summit Avenue, St. Paul, MN 55105-1096

University of St. Thomas Business Office - Mail 5002

You may revoke your authorization at any time by sending a written request to the same address.