Saint John's
UNIVERSITY

In 2008 the Minnesota State Legislature added language to the Higher Education Policy Bill that allows disclosure to a parent of a student at an institution of a post-secondary institution regarding the student's violation of any federal, state, or local law, or of any rule or policy of the institution, governing the use or possession of alcohol or of a controlled substance, to the extent authorized under United States Code, title 20, section 1232g(i), and the Code of Federal Regulations, title 34, section 99.31(a)(15), and provided the institution has an Information Release Form signed by the student authorizing disclosure to the student's parent.

If you wish to have information released to your parent, as described above, this form must be completed **by you, the student,** and returned to the address at the bottom of the form. Please be aware that the consent provided in this Form is only valid if the student has authorized disclosure to a parent and has not rescinded the authorization in writing.

INFORMATION RELEASE FORM

My signature on this form indicates my authorization to release to my parent(s) information regarding my violation of any federal, state, or local law, or of any rule or policy of the institution, governing the use or possession of alcohol or of a controlled substance to the extent authorized under United States Code and the Code of Federal Regulations as identified above. This agreement will remain in effect for the entirety of my enrollment or until I have provided Saint John's University with a signed, dated written request to rescind the authorization to release information.

I authorize Saint John's University to release the information described above to my parent(s) listed below:

_____
Parent Last Name Parent First Name(s)

_____
Street Address

_____
City State Zip

_____ _____ _____
Parent Home Phone Parent Cell Phone Parent e-mail address

Student's Authorizing Signature

Student Name: _____
Last First M.I.

Banner ID#: _____ Birthday: _____

_____
Student Signature Date

Please return to Michael Connolly, Dean of Students, Saint John's University, PO Box 2000, Collegeville, MN, 56321. Questions may be directed to the Dean of Students at mconnolly@csbsju.edu or (320) 363-3512.