

COLLEGE OF
Saint Benedict  **Saint John's**
UNIVERSITY

TO: Registrar
College of Saint Benedict/Saint John's University
PO Box 5511
Collegeville, MN 56321
registrar@csbsju.edu

Student ID #: (if known, also located on your tuition bill) _____

Student Name: _____
Enter Full Name Above

By signing the following statement, you agree that CSB/SJU may disclose information from your education records to the person(s) indicated below:

I consent to the disclosure of any personally identifiable information from my education records to the person(s) indicated below, for reasons determined by CSB/SJU as appropriate. This authorization will remain in effect until I request, in writing, that it be discontinued.

Signature: _____ Date: _____

PLEASE PRINT

If multiple people or family members live at the same address, please list both in # 1.

1. _____ Name(s)	2. _____ Name(s)
_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip
_____ Phone #	_____ Phone #
_____ Relationship	_____ Relationship

Compliance with Family Educational Rights and Privacy Act of 1974

- Filing this affidavit with the Registrar's office gives the requested person(s) the right to request academic information regarding the student
- The requested person(s) must contact the Registrar's Office, in writing, to request academic information (<https://www.csbsju.edu/registrar/records-and-privacy>)
- **Transcripts** — Requests for transcripts require the student's signature and anyone else may **not** request them