



**REQUEST, AUTHORIZATION and CONSENT
to the RELEASE of EDUCATIONAL RECORDS
by BLACK HILLS STATE UNIVERSITY**

The undersigned student hereby requests, authorizes and consents to the release of certain educational records (health and counseling records excepted) regarding the undersigned by Black Hills State University (BHSU). The specific educational records, as maintained by BHSU, to be released are as follows: (circle all that apply)

1. **Financial Services Records** (including Financial Aid information);
2. **Academic Performance Records** (including Grades);
3. **Disciplinary Records** (Student Conduct System);
4. **Housing Records** (including related Disciplinary Records);
5. **Resume and Related Materials/Records** (limited to employment-related purposes);
6. **Electronic Images** (such as but not limited to pictures);
7. **Electronic Records** (such as but not limited to tracking and use logs);
8. **ALL OF THE ABOVE ITEMS 1-7**
9. **Other as Specified:** _____;

These above indicated records and reports are hereby requested to be released to the following person(s):

Name: _____

Relationship: _____

Address: _____

Unless otherwise stipulated by the undersigned student, this release is continuing in effect; i.e. all records, currently within the possession of BHSU and which continue to come into possession during the undersigned's existence at BHSU will be released to the above-described person. Please use Item 9 above "Other Specified" for a single use release.

The educational records designated are to be disclosed for the following reasons and purposes:

This authorization is limited to the release of the specific records indicated above to the specific person or entity specified herein. I understand that I have the right not to consent to this release of records. It is understood that if there are any charges for furnishing said information, the same will be borne by the undersigned.

Dated this _____ day of _____, 20_____

Student ID:

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Print Name: _____

X _____

DIRECTORY INFORMATION NOTICE: All South Dakota schools of higher education controlled by the Board of Regents define the following information as publically available *directory information*: Name, Dates of Enrollment (start and end date), Academic Level (Undergraduate or Graduate), Major Field of Study, Date of Graduation and Degree Awarded, and Home Town. To prevent the disclosure of a student's *directory information*, the eligible student must fill out the *Directory Information Opt-Out Form* and return it to the Registrar's Office (Woodburn Hall 104) by the 10th day of classes of the first semester during which the student is enrolled.

I hereby cancel this Request, Authorization and Consent to the Release of Educational Records

Dated this _____ day of _____, 20_____ **X** _____

**Please return completed form to BHSU Student Financial Services, Fax (605) 642-6913
1200 University Street, Unit 9670, Spearfish, SD 57799-9670**