HAMLINE UNIVERSITY

Hamline University Global Engagement Center
Authorization to Disclose Information

I, _____, authorize the Hamline University Global Engagement Center to release or exchange information with:

Name of authorized person

_____

Relationship to you (e.g. parent, friend...)

_____

Email address of authorized person

_____

Phone number of authorized person

This permission is valid until _____ or until revoked in writing.
(date)

Please select one of the following:

___ All of my information may be shared, including but not limited to: information concerning my admission to Hamline University, immigration status, financial account information, academic issues, housing issues, health and safety concerns, hospitalization, disciplinary action, etc.

___ All information in my record may be shared, with the following exceptions:

_____
_____

_____

___ Only the following information may be shared:

_____
_____

I understand that the information released by other Hamline University departments to the Hamline Global Engagement Center will be protected as private data. It will not be released without my authorization.

I recognize that the Hamline University Global Engagement Center cannot guarantee the privacy of information released under this authorization, but it is my intent that the party I designate to receive it will consider it private according to the provisions of the Minnesota Data Practices Act and federal privacy regulations.

I understand that I may revoke this authorization at any time by giving written notification to the Global Engagement Center. However, I understand that if I revoke this authorization, it will not have any effect on actions taken by above named parties before this authorization was revoked.

I fully understand all of the above and my consent on this form is freely given.

Signature _____ Date_____