

Third-Party Authorization to Release Student Account Information

Please submit your completed form to St. Olaf College at repayment@stolaf.edu.

Institution Name: St. Olaf College

Office: Student Accounts

Phone: 507-786-3296 or 866-640-4702

Email: repayment@stolaf.edu

Address: Student Accounts, 1520 St. Olaf Ave, Northfield, MN 55057

Section 1 – Student Information

Student Name	
Student ID Number	
Date of Birth	
Phone Number	
Email Address	

Section 2 – Authorized Third Party

Authorized Person's Name	
Relationship to Student	
Phone Number	
Email Address	

Section 3 – Scope of Authorization

Please indicate which types of information may be discussed or released:

- Tuition and fee balances
- Payment plans or billing statements
- Institutional loan information
- Financial aid disbursements
- Collection activity or holds
- Other (please specify): _____

Full Authorization: I authorize release of all information listed above.

Section 4 – Method of Communication

I understand that this authorization permits verbal and/or written communication with the authorized party by:

- Phone Email In-person Mail

Section 5 – Duration of Authorization

This authorization will remain in effect until (check one):

- I revoke it in writing by emailing repayment@stolaf.edu
 My financial obligation to St. Olaf College is fulfilled.
 Expiration date: ____ / ____ / _____

Section 6 – Student Acknowledgment

I understand that under the Family Educational Rights and Privacy Act (FERPA), my education and financial records are protected from disclosure without my written consent. By signing this form, I authorize St. Olaf College to discuss my account information with the person named above.

I acknowledge that this authorization does not permit the authorized individual to make changes to my account or loan, sign documents on my behalf, or access my online student portal.

Student Signature: _____ Date: ____ / ____ / _____

Section 7 – Institution Use Only

Received By	
Date Processed	
Processed By	
Notes	