



STUDENT CONSENT to DISCLOSURE CampusConnection User ID and Password

*Student's Name (Please print full name): _____

Former Name(s): _____

*Date of Birth: _____

Student ID Nbr: W _____

*Contact Phone Nbr: _____

I, the undersigned, hereby authorize BSC to release the following information (please check appropriate items):

Student ID Nbr/User ID

Student Password

*Reason for requesting EMPL-ID # and Password:

Applying for Admissions at BSC

If you have NEVER applied for admissions to any North Dakota University System Institution, please follow the directions at bismarckstate.edu/campusconnection/admission.pdf to obtain a user account.

Currently taking classes at BSC, need to register for the next semester

*Identify how your Student ID Nbr/User ID and Password should be released:

Phone: _____

E-mail: _____

Fax: _____

Mailing Address: _____

I certify to the best of my knowledge that the information on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal.

*Student's Signature: _____

*Date: _____

***In order for the form to be processed, all items marked with an (*) asterisk must be completed.
Please allow 24 hours to process.**

Student Records Office Bismarck State College PO Box 5587, Bismarck ND 58506 Phone: 701-224-5420 Fax: 701-224-5643
