**UNIVERSITY OF WISCONSIN-WHITEWATER**

**STUDENT AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS INFORMATION**

Background

The Family Educational Rights and Privacy Act of 1974 (“FERPA” or the Buckley Amendment) is a federal law that affords students certain rights with respect to their ***education records*** (which include, but are not limited to, the following examples -- academic records, financial aid and billing information, meal plan and Purple Point records, residence hall/life information, advising conference notes, internships and field placement records, student employment records). One part of FERPA focuses on confidentiality of education records. School officials (e.g., instructors, administrative and department staff, field placement coordinators and supervisors, and other full-time and part-time university employees) must protect the privacy of education records and shall not disclose personally identifiable information about a student or permit inspection of the student’s records without his or her written consent or as permitted by law.

**(1) Specify the records to be released**

 Examples: Grades and general assessment of performance of student in a class

**(2) Identify the party or class of parties to whom the records should be released**

 Examples: parent, non-UW-Whitewater school official, scholarship committee member

**Directions for Student:**

It is your obligation to complete, sign, and present in-person a **separate** Student Authorization for Release of Education Records Information form to any UW-W individual or high school instructor who may be called upon to disclose education records about you or your performance.

*Questions regarding FERPA should be directed to the UW-Whitewater Registrar’s Office (Roseman Building room 2032, email registrar@uww.edu or phone 262-472-1570).*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**UNIVERSITY OF WISCONSIN-WHITEWATER**

**STUDENT AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS INFORMATION**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UW-W E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: complete all sections below, sign and date and deliver separate forms **in-person** to each individual or office that will provide the information.

**1. PRINT NAME OF THE PIE INSTRUCTOR/OFFICES THAT YOU AUTHORIZE TO DISCLOSE RECORDS INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Student --you must submit separate forms in-person to each PIE teacher or UW-W personnel you authorize)**

 **2. THE FOLLOWING RECORDS MAY BE DISCLOSED** (check all that apply):

\_\_\_ class registration & grades

 \_\_\_ performance observation notes, course evaluation instruments or information

**3. THE RECORDS MAY BE DISCLOSED TO THE FOLLOWING PERSONS (check all that apply)**

\_\_\_\_individual person (print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_school officials

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authorization will remain in effect for one calendar year from the signature date below. The student may request to discontinue the authorization prior to the one year date if s/he files a written request for such with the appropriate office(s) or person(s).

I am willing that a photocopy or fax copy of this form be accepted with the same authority as the original: \_\_\_yes \_\_\_no

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s Signature) (Date)