



Authorization for Release of Information

Name: _____ Student ID: _____

Date of Birth: _____ Telephone: _____

Local Address: _____

I request and authorize employees of the Dean of Students Office at the University of Wisconsin-Whitewater to disclose and discuss my student records from the University of Wisconsin – Whitewater with the following person(s) and to release to them information and records regarding my behavior, education records, or performance while a student at the University of Wisconsin – Whitewater.

Name: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Telephone #: _____

Email Address: _____

Specify the Records: (e.g. academic, grades, health, advising, or disciplinary) that may be disclosed

Purpose of Release of Records:

Restrictions:

Expiration date: _____

I am willing that a photocopy of this authorization be accepted with the same authority as the original.

Signature

Date

Written Consent for Disclosure of Education Records under FERPA must:

1. Specify the records (e.g. academic, grades, health, advising, or disciplinary) that may be disclosed;
2. State the purpose of the disclosure; and
3. Identify the party or class of parties to whom a disclosure may be made.