



Authorization for Release of Information

(This form does not give authorization to receive an eBill or access to WINS)

Name _____ ID# _____

Date of Birth _____ Phone # _____

Local Address _____

Permanent Address _____

I request and authorize employees of Student Accounts at the University of Wisconsin-Whitewater to disclose my records regarding my student account here at the University of Wisconsin-Whitewater to my parents/legal guardians for the sole purpose of providing financial assistance (ie: payment of bill, etc). **If you do not wish to give authorization to anyone, please write "none" on the authorized user lines and submit this form.**

1.

(Name) (Relationship) (Phone Number)

(Street) (City) (State) (Zip)

2.

(Name) (Relationship) (Phone Number)

(Street) (City) (State) (Zip)

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

(Student Signature)

(Date)

Student Accounts
800 West Main Street, Hyer Hall Room 110
Whitewater, WI 53190
(262) 472-1373 or (800) 621-7244
Fax: (262) 472-1977
Email: sfs@uww.edu
Website: <http://www.uww.edu/adminaffairs/sfs/>