



## 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.**

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

\_\_\_\_\_  
(Street) (City) (State) (Zip)

\_\_\_\_\_  
(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](mailto:sfs@uww.edu)  
Website: <http://www.uww.edu/adminaffairs/sfs/>