



UW-WHITEWATER

**Authorization for Release of Information  
to Third Parties**

I hereby authorize the University of Wisconsin – Whitewater to disclose my student account information to the following third party:

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Company Address)

\_\_\_\_\_  
(Company Contact and Phone Number)

This is for the sole purpose of obtaining financial assistance from the third party. I further authorize that a photocopy and/or an electronic image of this authorization be accepted with the same authority as the original.

Signed,

\_\_\_\_\_  
(Student's signature) ID# \_\_\_\_\_  
(Campus ID#)

\_\_\_\_\_  
(Student's signature – Print)

\_\_\_\_\_  
(Local Address and Phone Number)

Submit this form to:

***UW-Whitewater***  
***Student Accounts***  
Hyer Hall Room 110  
800 W. Main Street  
Whitewater, WI 53190  
Fax: (262) 472-1977  
E-Mail: [sfscollect@uww.edu](mailto:sfscollect@uww.edu)  
(262) 472-1373 or (800) 621-7244