

UNIVERSITY OF WISCONSIN-WHITEWATER

STUDENT AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS INFORMATION

Intended only for use by College of Education majors

Name of Student: \_\_\_\_\_ ID#: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_
UW-W E-mail Address: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_

(Student: complete all four sections below, sign and date the form, and deliver it in-person to the individual or office that will provide the education records information.)

1. I AUTHORIZE (Note to student: you must submit separate forms in-person to each person/office you authorize.):

\_\_\_\_\_

2. TO DISCLOSE THE FOLLOWING EDUCATION RECORDS (check all that apply):

- \_\_\_ class registration (Registrar's Office, Roseman) \_\_\_ residence hall/life (Residence Life, Goodhue Hall)
\_\_\_ grades & transcript (Registrar's Office, Roseman) \_\_\_ performance observation notes, evaluation instruments or information (professor, internship supervisor, cooperating teacher in a field experience)
\_\_\_ financial aid (Financial Aid, Hyer Hall)
\_\_\_ tuition/fees (Financial Services, Hyer Hall) \_\_\_ general comments about performance in a course or during a field experience - Field Studies, Student Teaching, Internship, Practicum, etc. (internship supervisor, cooperating teacher in a field experience)
\_\_\_ meal plan (HawkCard Office, University Center)
\_\_\_ Purple Points (HawkCard Office, University Center)
\_\_\_ UWW employment (Human Resources, Hyer Hall)
\_\_\_ other (specify): \_\_\_\_\_

3. TO THE FOLLOWING NAMED PARTY OR CLASS OF PARTIES (check all that apply):

- \_\_\_ individual party (print name): \_\_\_\_\_
\_\_\_ prospective employer(s)
\_\_\_ school official(s) responsible for admission to educational programs
\_\_\_ individual(s) responsible for scholarships, grants, etc.
\_\_\_ other (specify): \_\_\_\_\_

4. FOR THE FOLLOWING REASON(s) (explain):

This authorization will be in effect until: \_\_\_\_\_
Date (month/day/year)

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 (month/day/year) \_\_\_\_\_