

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)
grades & transcript (Registrar's Office, Roseman)
financial aid (Financial Aid, Hyer Hall)
tuition/fees (Financial Services, Hyer Hall)
meal plan (HawkCard Office, University Center)
Purple Points (HawkCard Office, University Center)
UWW employment (Human Resources, Hyer Hall)
other (specify):
residence hall/life (Residence Life, Goodhue Hall)
performance observation notes, evaluation instruments or information (professor, internship supervisor, cooperating teacher in a field experience)
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)

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) _____