



## 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/Cashiers and/or Financial Aid at the University of Wisconsin-Whitewater (UWW) to disclose my Financial Aid/Student Account information here at UWW to the individual(s) listed below for the sole purpose of providing financial assistance (paying student bill, obtaining student financial aid, 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 104  
Whitewater, WI 53190  
(262) 472-1373 or (800) 621-7244  
Fax: (262) 472-1977  
Email: sfs@uww.edu  
Website: <https://www.uww.edu/adminaffairs/finance/sfs>

### *Financial Aid Office*

800 West Main Street, Hyer Hall Rm 130  
Whitewater, WI 53190  
(262) 472-1130  
Fax: (262) 472-5655  
Email: uwwfao@uww.edu  
Website: <https://www.uww.edu/financialaid>