UNIVERSITY OF WISCONSIN-WHITEWATER

STUDENT AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS INFORMATION

(revised 10-20-2008)

Background

The Family Educational Rights and Privacy Act of 1974 ("FERPA" or the Buckley Amendment) is a federal law that affords students certain rights with respect to their education records (which include, but are not limited to, the following examples -- academic records, financial aid and billing information, meal plan and Purple Point records, residence hall/life information, advising conference notes, internships and field placement records, student employment records). One part of FERPA focuses on confidentiality of education records. School officials (e.g., instructors, administrative and department staff, field placement coordinators and supervisors, and other full-time and part-time university employees) must protect the privacy of education records and shall not disclose personally identifiable information about a student or permit inspection of the student’s records without his or her written consent or as permitted by law. The student’s written signed consent must contain three elements, as described below:

1) **Specify the records to be released**

Examples: class registration and grades; financial aid information; student accounts, billing, meal plan, and/or Purple Point information; notes based on observations; general assessment of performance of student in a class or in a field-based experience.

2) **Identify the party or class of parties to whom the records should be released**

Examples: parent, prospective employer, non-UW-Whitewater school official, scholarship committee member.

3) **Indicate the reason for the release**

Examples: to authorize the university to disclose/release information to a parent; as part of an application for employment or admission into a graduate program; application for a scholarship or grant.

Note to UWW employees, cooperating teachers, and supervisors regarding letters of reference: Unless you have the student’s written signed consent, a letter of reference written on behalf of a student does NOT provide you the authorization to disclose the student’s educational records or to discuss his/her performance even if the letter welcomes telephone calls or other inquiries about the student.

Directions for Student:

It is your obligation to complete, sign, and present in-person a separate Student Authorization for Release of Education Records Information form to any UW-W individual who may be called upon to disclose education records about you or your performance (e.g., registrar, financial aid counselor, student accounts/billing director, ID/meal plan administrator, professor, internship supervisor, or cooperating teacher in a field experience).

Directions for UW-Whitewater faculty and staff:

A Student Authorization for Release of Education Records Information form, completed and signed by the student, must be in your possession before disclosing education records or discussing the student’s performance with someone other than the student or another person as permitted by the law. The Authorization form must indicate the name of the person(s) or organizations/units to which you will disclose the student’s information.

Directions for field supervisors (including cooperating teachers, librarians, counselors, etc.):

A Student Authorization for Release of Education Records Information form, completed and signed by the student, must be in your possession before disclosing education records or discussing the student’s performance with someone other than the student or another person as permitted by the law. The Authorization form must indicate the name of the person(s) or organizations/units to which you will disclose the student’s information.

Questions regarding FERPA should be directed to the UW-Whitewater Registrar’s Office (Roseman Building room 2032, email registrar@uww.edu or phone 262-472-1570).
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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 and deliver separate forms in-person to each individual or office that will provide the information.

1. PRINT NAME OF THE UW-W PERSONS/OFFICES THAT YOU AUTHORIZE TO DISCLOSE RECORDS INFORMATION: __________________________________________

   (Student --you must submit separate forms in-person to each UW-W person/office you authorize)

2. THE FOLLOWING RECORDS MAY BE DISCLOSED (check all that apply):
   ___ class registration & grades  ___ residence hall/life
   ___ academic advising  ___ performance observation notes, evaluation instruments or information
   ___ financial aid  ___ general comments about performance in a course or during a field experience - Field Studies, Student Teaching, Internship, Practicum, etc.
   ___ tuition/fees  ___ meal plan, Purple Points
   ___ UW-W employment
   ___ other (specify): __________________________________________________________________

3. THE RECORDS MAY BE DISCLOSED TO THE FOLLOWING (check all that apply):
   ___ individual person (print name): ____________________________
   ___ prospective employer(s)
   ___ school official(s) responsible for admission to educational programs
   ___ individual(s) responsible for scholarships, grants, etc.
   ___ other (specify): __________________________________________________________________

4. THE RECORDS MAY BE DISCLOSED FOR THE FOLLOWING REASON(s) (explain):

This authorization will remain in effect for one calendar year from the signature date below. The student may request to discontinue the authorization prior to the one year date if s/he files a written request for such with the appropriate office(s) or person(s).

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)