



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 110
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>