

STUDENT AUTHORIZATION TO RELEASE EDUCATION RECORDS INFORMATION

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, grades and/or transcripts

(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 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.

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.

Questions regarding FERPA should be directed to the UW-Whitewater Registrar’s Office in Roseman 2032, registrar@uww.edu or 262-472-1570.

STUDENT AUTHORIZATION TO RELEASE EDUCATION RECORDS

Complete ALL portions of this page, sign and date, and deliver in-person to the individual/office that will provide the education records information.

| STUDENT NAME | | |
|----------------------------|-----------------------|----------------|
| LAST / FAMILY / SURNAME(S) | FIRST / GIVEN NAME(S) | MIDDLE NAME(S) |

| STUDENT UW-WHITEWATER ID NUMBER | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
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| STUDENT DATE OF BIRTH | | | | | | | | | | |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px; text-align: center;">MONTH (MM)</td> <td style="font-size: 8px; text-align: center;">DAY (DD)</td> </tr> </table> | | | MONTH (MM) | DAY (DD) | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px; text-align: center;">YEAR (YYYY)</td> <td></td> </tr> </table> | | | YEAR (YYYY) | | |
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| MONTH (MM) | DAY (DD) | | | | | | | | | |
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| YEAR (YYYY) | | | | | | | | | | |

| STUDENT DAYTIME PHONE NUMBER | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|
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| STUDENT UW-WHITEWATER E-MAIL ADDRESS | | | | | | | | | | | | | | | |
|--------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| | | | | | | | | | | | | | | | @uww.edu |

| STUDENT MAILING ADDRESS | |
|-------------------------|--|
| STREET ADDRESS | |
| | |
| CITY, STATE, ZIP CODE | |
| | |

1. I Authorize (print name of person/office you authorize to provide the education records information):

2. To Disclose the following education records (check all that apply):

Note to Student: this form is specific only to the records in the Registrar's Office – all other offices may have their own release form. Please contact each office specifically if you would like your records released.

- Class Registration (Registrar's Office, Roseman 2032)
- Grades & Transcript (Registrar's Office, Roseman 2032)

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):

I am certifying that a photocopy or fax copy of this form be accepted with the same authority as the original: Yes No

Student signature _____ Date _____