



## Authorization for Release of Information

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Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Local Address: \_\_\_\_\_

I request and authorize employees of the Dean of Students Office at the University of Wisconsin-Whitewater to disclose and discuss my student records from the University of Wisconsin – Whitewater with the following person(s) and to release to them information and records regarding my behavior, education records, or performance while a student at the University of Wisconsin – Whitewater.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Specify the Records:** (e.g. academic, grades, health, advising, or disciplinary) that may be disclosed

**Purpose of Release of Records:**

**Restrictions:**

**Expiration date:** \_\_\_\_\_

I am willing that a photocopy of this authorization be accepted with the same authority as the original.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Written Consent for Disclosure of Education Records under FERPA must:

1. Specify the records (e.g. academic, grades, health, advising, or disciplinary) that may be disclosed;
2. State the purpose of the disclosure; and
3. Identify the party or class of parties to whom a disclosure may be made.