

TRANSFER STUDENT DISCLOSURE FORM REQUEST

Top Portion to be completed by Student and brought to the attending/previously attended school for completion by the Dean of Students Office or equivalent.

STUDENT'S AUTHORIZATION TO DISCLOSE INFORMATION IN EDUCATION RECORDS PURSUANT TO FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED.

I _____ Student ID# _____

Give my permission for _____
(name of institution)

to release information regarding my student records to UW Oshkosh College of Nursing. This release is to stay in effect until I am no longer enrolled at UW Oshkosh. Form must be returned to UW Oshkosh College of Nursing.

Student signature

Date

To be completed by College/School/Institution attended by above named student:

As the appropriate representative of _____ (name of institution) I acknowledge that the above name student is/was a student in good-standing (academic and conduct) while attending our facility

Yes No If No, please explain with attached supporting documentation:

Signature: _____ Date: _____

Place School Seal
here or enclose
your school
business card.

Please email this completed form to
CONAccelApply@uwosh.edu;

**University of Wisconsin Oshkosh
College of Nursing – Accelerated Program**