



College of Nursing

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 by application deadline of: (please check appropriate deadline date you are applying for)

- August 30th January 30th

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: _____



Please return this completed form by the above selected deadline date and email to: CONTradApply@uwosh.edu