Written Authorization
Relating to the Release of Student Information
Project Success – University of Wisconsin Oshkosh

Please Check (√) A or B:

A. ☐ **I do not authorize the release of any student's records in the possession of Project Success. (Proceed to signature line.)**

B. ☐ **Recognizing my right to privacy under the Family Education Rights and Privacy Act, 34 CFR Part 99, I nonetheless provide this written authorization to allow Project Success to release student record information subject to the conditions and limitations set forth below:**

1. Specify the records that may be disclosed.
Check One:

☐ Any student records in the possession of Project Success.

☐ Other. (Please elaborate in the space provided below.)

_____

_____

2. State the purpose of the disclosure.
Check One:

☐ To provide information pertaining to my participation in Project Success**.**

☐ Other. (Please elaborate in the space provided below.)

_____

_____

3. Identify the party or class of parties to whom the disclosure may be made.
Check All That Apply:

☐ Parents ☐ Legal Guardian ☐ Physician

☐ Professors ☐ Coordinator Disability Services

☐ Academic Advising ☐ Residence Hall Staff ☐ Testing Services

☐ Others. (Please specify in the space provided below.)

_____

4. This authorization is effective until:
Check One:

☐ Revoked in writing.

☐ Other (specify) _____

Signed in Oshkosh, Wisconsin, this _____day of _____, 20_____.

Print Name: _____ ID No. _____

Student's Signature: _____

Note: Form prepared by Thomas R. Grogan, University Legal Counsel, based upon 34 CFR 99.30. H: Kitz. Rev (June 17, 1998)