

TITLE IX FERPA RELEASE OF INFORMATION AUTHORIZATION

The University of Wisconsin – Oshkosh (the “University”) complies with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g (“FERPA”) and FERPA’s implementing regulations, 34 C.F.R. § 99.1, et seq. While there does exist a few business-need-to-know exceptions, the University does not disclose a student’s educational records and information without that student’s written consent.

Students may sign this Title IX FERPA Release of Information Authorization (Release) to authorize the University to disclose the students’ records and information subject to the law, applicable policies, and the parameters and restrictions set forth below.

By signing this Release, I authorize the Office of Title IX/Title IX Coordinator to provide the records and/or information described below to the individuals and/or organizations listed below.

Describe the information to be released (provide description of documents or information to be shared):

Name of the Individual/Organization: _____

Contact Information (email, phone, address): _____

For the following purpose: _____

This authorization may be revoked in writing at any time by delivering a written revocation to the same person(s) and/or office(s) to whom you deliver this authorization. Absent revocation, this authorization will remain in effect according to the time period specified below.

This authorization will be revoked as follows (choose one option):

- Immediately following the sharing of the Information to be release as indicated above; or
- Four years after the date listed below; or
- On (list specific date) _____

The University reserves the right to contact the student to authenticate the student’s signature before disclosing records or information.

Student Print Name: _____

Student Signature

Date