



STUDENT INFORMATION RELEASE AUTHORIZATION

In compliance with the Federal Family Education Rights and Privacy Act (FERPA) of 1974, the University is prohibited from providing certain information from your student records to a third party, such as information on class schedule, grades, student accounts, discipline records, official transcripts and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University permission to release information to a third party by submitting a completed Student Information Release Authorization form. Your records will be made available only if requested by the authorized third party. **The University does not automatically send information to a third party.** The university will verify the third party's identity by the information you complete on this form.

You must submit your completed form via email to the Registrar's Office at (**registrar@uwosh.edu**). You will be contacted to verify your identity prior to the release being activated. This authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by submitting a written request in person or by mailing a notarized request to the address below.

NOTE: A separate release of information form must be completed for health records maintained by the Student Health Center and the Counseling Center. These records are covered by a different federal law, HIPAA.

Type of information to be released:

- A. Academic information, e.g. grades or class schedule
- B. Student account/cashier information, e.g. amount due to the university or TitanCard balance
- C. Financial Aid information, e.g. scholarships or loan amounts
- D. Discipline information, e.g. under-age drinking violations or behavioral incident reports

Please print legibly and add your signature in ink in Section C.

SECTION A. Student information		
Name (last, first, middle)	Student ID number	
Current mailing address (street or P.O. box number, apartment number, city, state, and zip code)	Daytime phone number ()	
SECTION B. Third party designee(s)		
Name (last, first, middle)	Daytime phone number ()	Type of information to be released (circle) A B C D
Address (street or P.O. box number, apartment number, city, state, and zip code)	Relationship to student	
Additional Third party designee(s)		
Name (last, first, middle)	Daytime phone number ()	Type of information to be released (circle) A B C D
Address (street or P.O. box number, apartment number, city, state, and zip code)	Relationship to student	
SECTION C. Certification		
I authorize the above third party, name(s) in Section B, to access the information designated above. This authorization does not permit the third party to make any changes to my information.		
Student's signature	Date	

FOR OFFICE USE ONLY – Picture I.D. Viewed & Identity Verified by: _____