



STUDENT RELEASE OF INFORMATION FORM

The Student Service Office may receive requests for information contained in a student's file from a third party such as a parent of the student. Pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1231g ("FERPA"), the university may not release this information without the written consent of the student, subject to the exceptions specified under FERPA. You may obtain more information about Student Rights and Responsibilities (FERPA) from your course catalogue or at <http://www.uwc.edu/academics/catalog/catalog.pdf>.

You may, at your discretion, grant the UW Colleges Student Services or Administrative Office personnel permission to release student information to a third party by submitting a completed Student Release of Information Form. You must complete a separate form for each third party. The completion of this release form is only *authorization* to view or discuss academic and accounting information. The information will not be automatically sent to a third party. According to UW College policy, information cannot be released by phone or via e-mail. This form is not a request for grades or a substitute for obtaining a transcript.

The Student Release of Information Form allows UW- Colleges to communicate in person more openly with parents and others about students' academic and financial records. **BY COMPLETING AND SIGNING THIS FORM, STUDENTS GIVE UW – COLLEGES PERSONNEL PERMISSION TO DISCUSS OR DISPLAY INFORMATION WITH SPECIFIED PARTIES FOR THE ACADEMIC YEAR (FALL-SUMMER) IN WHICH THIS FORM WAS SIGNED.**

DATE:	NAME OF STUDENT (Last, First Middle I): Please PRINT	STUDENT (PRISM) ID#
Name and Address of Individual or Agency to whom access to records may be provided: (a new form must be completed for each individual)		
Name/Agency _____		
Address _____		
Please note: This form is optional. It is giving consent for view or discussion of accounting and educational records. (Full consent does not give authority to make changes to the student's records. This authorization will remain in effect for the academic year in which it was signed unless I (the student) withdraws this authorization in writing.		
Please check one or more boxes below to grant authorization to different types of information and student records:		
<input type="checkbox"/> billing statements, charges, credits, payments, past due amounts, collection activity (SRB)		
<input type="checkbox"/> grades/GPA, demographic, registration, student ID number, academic progress, status, enrollment information (SRA)		
<input type="checkbox"/> access to student records maintained by the Student Services office, including transcripts and all of the above (SRR)		
<input type="checkbox"/> code of conduct violations (including academic misconduct (SRC)		
<input type="checkbox"/> financial aid, scholarship records (including processing), eligibility status, award types, amounts.—Information will not include me or my family's specific income, asset information, or information about special circumstances I or my family may have. (SRF)		
I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 (FERPA) and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the UW- College Student Services Office or person who maintains the records of this authorization. THIS AUTHORIZATION IS GOOD FOR THE ACADEMIC YEAR IN WHICH IT WAS SIGNED UNLESS REVOKED IN WRITING , and photocopies of this release form may be accepted, when presented in person with appropriate identification.		
_____ Student Signature		_____ Date

Original Signed Copy to be retained by Student Services