

Authorization to Release Confidential Information

Name _____
(Please Print)

UWLAX ID# _____ Date of Birth _____

The Family Educational Rights and Privacy Act (FERPA) of 1974, and its amendments, is a federal law that protects the privacy of a student's education records. Education records are any records that contain information that is directly related to the student and are maintained by the institution or a party acting for the institution. With this in mind, University of Wisconsin-La Crosse faculty and staff are unable to share information with members of a student's family or other third parties without the express written consent from the student themselves. The following individual(s) has requested information from your education record:

Name of person(s) to receive information _____

Relationship to student _____

Specific information to be released _____

Reason for release _____

In accordance with FERPA, I, the above listed individual/student, hereby authorize University of Wisconsin-La Crosse to release information from my education record to the individual(s) named above and for the reasons specified. I acknowledge by my signature that I understand that although I am not required to release my information, I am giving my consent to do so. Additionally, I understand that I may revoke this authorization in writing at any time, except for that information which has already been released with consent and prior to my revocation.

Student's Signature _____

Date Signed _____