

# AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION



In compliance with the federal Family Education Rights and Privacy Act of 1974, UW-La Crosse (UWL) is restricted from disclosing certain information from your student records. You may grant UWL permission to release information from your student records to another person by completing this form. This form will allow the third party access to your records at UWL. This form is for one time use only and does not provide on-going access to your records.

## Student Information (print clearly)

\_\_\_\_\_  
First Name                                      Middle Initial                                      Last Name                                      Student ID Number

**I authorize University of Wisconsin - La Crosse to release confidential information to this third party:**

\_\_\_\_\_  
First and Last Name of Individual or Organization Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email, if applicable                                      Fax Number, if applicable                                      Phone Number, if applicable

## Purpose of Release (check one):

- Family Communications
- Employment
- Other (please specify): \_\_\_\_\_
- Letter of Recommendation. Please further indicate if you waive your right to review your letter of recommendation.
  - Yes, I waive my right to review.
  - No, I do not waive my right to review.

**Duration of release is one time only. This release is only good for the above stated purpose and does not provide ongoing access to records.**

**The following types of academic records may be disclosed: grades, GPA, demographics, registration, student ID number, academic progress, holds, alerts, degree progress, attendance, class schedule, disabilities, financial obligations, etc. Please indicate the types of records you would like released or if any/all records may be released.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that my records are protected by specific confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that this authorization does not permit the third-party designee to make changes to my student record or the right to act on my behalf. I also understand that I may revoke this consent at any time.**

\_\_\_\_\_  
Student Signature                                      Date