AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION - ADVISING

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 for advising purposes 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 M.I. 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

__________________________________________
Phone Number, if applicable  Fax Number, if applicable

Email, if applicable

Purpose of Release (check one):

___ Family Communications
___ Employment
___ Other (please specify): ____________________________

Duration of release is one time only. This release is only good for this date: __________

The following types of academic records may be discussed, and therefore disclosed, for typical advising purposes: grades, GPA, demographics, registration, student ID number, academic progress, holds, alerts, degree progress, attendance, class schedule, disabilities, financial obligations, etc.

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

Created 11/2022  Office of Records & Registration