## AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION - ADVISING

**Student Information (print clearly)** 



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.

First Name	M.I.	Last Name	Student ID Number
I authorize University of Wis	sconsin - La Cr	osse to release confidential	information to this third party:
First and Last Name of Individ	ual		_
Phone Number, if applicable	Fax N	Number, if applicable	
Email, if applicable			
Purpose of Release (check of Family Communications Employment Other (please specify):	S		
Duration of release is one ti	me only. This	release is only good for this	s date:
	registration, st	udent ID number, academic	re disclosed, for typical advising purposes: progress, holds, alerts, degree progress,
without my written consent u	unless otherwi signee to make	se provided for in the regulat e changes to my student reco	ws and regulations and cannot be disclosed tions. I understand that this authorization does ord or the right to act on my behalf. I also
Student Signature			 Date