

# Information Release Consent Form

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA) as amended, it is necessary for the University of Wisconsin-Parkside to have written consent from a student prior to releasing information from the student's educational record to most sources outside the university. An exception to this situation is directory information.\*  
**PLEASE NOTE: Latest form on file will supersede all previous forms. All previously filed forms will be nullified.**

I hereby consent to the release by UW-Parkside of all information indicated below (signature required at bottom).

\_\_\_\_\_ STUDENT ID # \_\_\_\_\_ UWP EMAIL: \_\_\_\_\_  
 Last name First name

**This form will be used as authorization to release appropriate information as indicated below.**

Code	Department	Description
CO	Cashier's Office	Includes receivable account balances (student account, rent, parking, housing deposit, and other receivable accounts) financial holds, mailing and billing address, payment plans, accounting statements, collections information and debt information.
FA	Financial Aid	Includes all general financial aid information. Completion of this form is NOT required to be eligible for financial aid.
ENR	Enrollment	Includes current enrollment, dates of enrollment activity, enrollment status and semesters attended *
ADM	Admissions	Admissions information, residency status and transfer credits awarded
STU	Student Discipline	Includes information related to the student's academic or behavioral discipline record

\*The University of Wisconsin-Parkside, in accordance with FERPA, has designated categories of information about individual students as public, or directory information. For additional information and a complete list, please check our website at [www.uwp.edu](http://www.uwp.edu) keyword: FERPA

**PARTIES TO WHOM SUCH INFORMATION MAY BE RELEASED**

PLACE AN X IN ALL THAT APPLY						Name	Relationship
CO	FA	ENR	ADM	STU			

**Check here to remove all release permissions previously given- this will void/nullify all previous forms on file**

Please provide a password which will be used to verify identity when a call is received regarding your account. This password should be unique to this consent form and given only to those who have access to your account.

Password (do not use your SOLAR/network password): \_\_\_\_\_

Please create a question and provide an answer to use as verification for forgotten passwords. Information will be given to parties listed on this form with the password OR the answer to the question.

Example: What is the name of your favorite teacher? Jones

Question:

Answer:

<b>This consent for release and/or request to not release information will remain in effect from the date indicated below until I submit a written request to remove it.</b>	
_____ Signature of student	_____ Date
<b>Witness of student signature and ID verification</b>	
_____ Signature of UW-Parkside employee	_____ Date
Please return to: UW-Parkside Cashiers Office Tallent Hall L104 Student must sign in person with a photo ID in the presence of a UW-Parkside employee.	

If the student is unable to appear in person at the Cashier's Office at UW-Parkside to verify his or her identity, the student must provide:

(a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport

-And-

(b) The original notarized Statement of Educational Purpose provided below.

## Information Release Consent Form

To be signed by a Notary

### A. Student Information

---

		XXX--XX--	
Student First Name	Last Name	Social Security Number	Date of Birth
			(      )
Address	City	State	ZIP      Phone Number

### B. Information Release Consent Form-Completed by Student in front of Notary

---

Please PRINT!

I certify that I, \_\_\_\_\_, am the individual signing this Information  
Print name

Release Consent Form

\_\_\_\_\_  
Student Signature (*required*)

\_\_\_\_\_  
Date

**C. Notary's Certificate of Acknowledgement-Completed by Notary**

Please PRINT!

State of \_\_\_\_\_  
State in which Notary is located

City/County of \_\_\_\_\_  
City and County in which Notary is located

on \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared  
Date Printed name of Notary

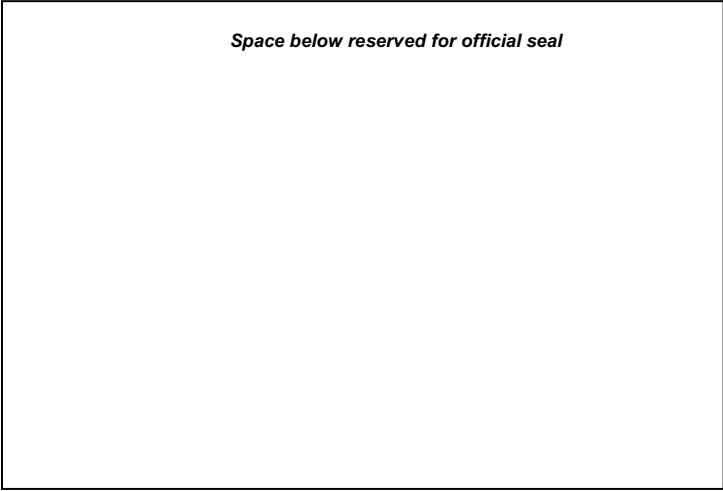
\_\_\_\_\_, and proved to me on basis of satisfactory evidence of identification:  
Print name of signer in part B

\_\_\_\_\_ to be the above-named person who signed the foregoing instrument.  
Type of government-issued photo ID provided

**WITNESS my hand and official seal**

\_\_\_\_\_  
Notary signature

My commission expires on: \_\_\_\_\_  
Date



**For Office Use Only:**

Document received by UW-Parkside authorized individual: \_\_\_\_\_  
Print name

Student's ID: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form to UW-Parkside Cashier's Office**  
**UW-Parkside 900 Wood Road PO Box 2000 Kenosha, WI 53141 Fax: 262-595-2340 Ph: 262-595-2258**