



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.*

Use this form **ONLY** if you want the named individual(s) to be able to inquire about your student account, admissions, advising or financial aid information on your behalf.

I, _____ **STUDENT ID NO** _____ **UWP EMAIL:** _____
last name first name
 hereby consent to the release by UW-Parkside of all information indicated below (signature required at bottom).

Code	Item	Description
CO	Cashier's Office	<i>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.</i>
ADV	Advising	<i>Includes courses taken, grades received, GPA, academic progress, transfer credit</i>
FA	Financial Aid	<i>Includes all general financial aid information. Completion of this form is NOT required to be eligible for financial aid.</i>
ENR	Enrollment	<i>Includes current enrollment, dates of enrollment activity, enrollment status and semesters attended *</i>
ADM	Admissions	<i>Admissions information, residency status and transfer credits awarded</i>
STU	Student Discipline	<i>Includes information related to students academic or behavioral discipline record</i>

*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 keyword: FERPA

PARTIES TO WHOM SUCH INFORMATION MAY BE RELEASED

CODE (Check all that apply)						Name	Relationship
CO	ADV	FA	ENR	ADM	STU		

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

Password (not 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 last name of your favorite teacher? Jones

Question: _____

Answer: _____

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.

Signature of student

Date

Please return to: UW-Parkside Cashiers Office Wyllie D193
 P.O. Box 2000, Kenosha, WI 53144
 Or Fax to: 262-595-2340