

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.*

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
 (Leave the student ID and email blank, PACC will complete for you.)

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 keyword: FERPA

PARTIES TO WHOM SUCH INFORMATION MAY BE RELEASED

CHECK ALL THAT APPLY					Name	Relationship
CO	FA	ENR	ADM	STU		
X	X	X	X	X	EXAMPLE: MS. RANGER BEAR	MOTHER

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 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 _____
Witness of student signature and ID verification	
Signature of UW-Parkside employee _____	Date _____