CONSENT FOR RELEASE of Student Information

University of Idaho

Office of the Registrar Phone: (208) 885-6731 Fax: (208) 885-9061 registrarforms@uidaho.edu

Student:			Student ID:
First	Middle	Last	
			Birth Date:
I hereby authorize the Ur	niversity of Idaho to discu	ss and verbally relea	se the following information:
	mation OR these <i>individua</i>		
☐ Admission 〔	Registration/Enrollment		
☐ GPA [☐ Academic Standing	Graduation	
	nt information OR these <i>in</i> harges ☐ Payments	dividual items:	
☐ ALL financial aid in	formation		
	ing information OR these <i>ii</i> oom Assignment		
My authorization is for th	e following purpose		
•	J Pan pood.	dispersional dispersion di proprieta di personale di per	

request to REMOV	E my consent allowing UI to	o discuss and verbally	release information to all currently
designated individuals.***			
I give consent for the foll (all information required):	owing individual(s) to ob	tain the authorized in	formation on request
1			
	(Printed Name)		(Relationship to Student)
(Complete Address)			(Email)
0			(Chian)
2	(Printed Name)		(Deletionalis to Gradua)
(O	(Filliod Harrio)		(Relationship to Student)
(Complete Address)			
I understand that this information			(Email)
(FERPA). I certify that my conse information can be revoked by mo	my right to keep this information of for disclosure of this information in writing at any time, but will no ent for release. I understand I wil	confidential under the Fam n is entirely voluntary. I uno ot affect the information rele	record. Further, I understand that by ily Educational Rights and Privacy Act
(FERPA). I certify that my conse information can be revoked by my to make any changes to my cons form will supersede all prior au	my right to keep this information of for disclosure of this information in writing at any time, but will no ent for release, I understand I will thorizations for release of my i	confidential under the Fam n is entirely voluntary. I un ot affect the information rele need to complete and file a nformation.	record. Further, I understand that by ily Educational Rights and Privacy Act derstand this consent for disclosure of assed under my previous consent. If I wish a new form. The authorization on this
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(FERPA). I certify that my conse information can be revoked by my to make any changes to my cons form will supersede all prior au Student's Signature:	my right to keep this information of for disclosure of this information in writing at any time, but will no ent for release, I understand I will thorizations for release of my i	confidential under the Fam n is entirely voluntary. I unot affect the information released to complete and file and formation.	record. Further, I understand that by ily Educational Rights and Privacy Act derstand this consent for disclosure of ased under my previous consent. If I wish a new form. The authorization on this Date: