CONSENT FOR RELEASE of Student Information

SWACONS UPDATED BY _

Place original in student's permanent file (Registrar or Admissions).

University of Idaho

Office of the Registrar PO Box 444260 Moscow, ID 83844-4260 Phone: 208-885-6731 Fax: 208-885-9061

Date

Rev 11/13/08

,			Student ID:
First	Middle	Last	Birth Date:
hereby authoriz	ze the University of Idaho to rele	ease the followin	g information about me:
☐ All account informa☐ All financial aid info	tion (fees, charges, payments)		PA, academic standing, graduation) matters)
OR only	these specific items (check indiv	vidual items):	
ACADEMIC: Admission GPA	☐ Registration/Enrollment☐ Academic Standing	☐ Grades ☐ Graduatio	on
ACCOUNT: □ Fees	☐ Charges	☐ Payments	S
HOUSING: ☐ Location	☐ Room Assignment	☐ Judicial M	latters
To the following individ	dual(s) upon their request:		
1			
Address	(Printed Name)		(Relationship to Student) Email
2			
	(Printed Name)		(Relationship to Student)
signing this release, I am w (FERPA). I certify that my on Information can be revoked to make any changes to my	aiving my right to keep this information oc consent for disclosure of this information by me in writing at any time, but will not	onfidential under the is entirely voluntary. affect the informatio need to complete and	using record. Further, I understand that by E Family Education Rights and Privacy Act I understand this consent for disclosure of on released under my previous consent. If I wish the discount of the anew form. The authorization on this
☐ I wish to revoke all	consent for release of information	٦.	
Student's Signature:			Date:
	FOR OFFIC	E USE ONLY	