

CONSENT FOR RELEASE of Student Information

University of Idaho

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

I, _____ Student ID: _____
First Middle Last
Birth Date: _____

hereby authorize the **University of Idaho** to release the following information about me:

- ☐ All academic records (admission, registration/enrollment, grades, GPA, academic standing, graduation)
- ☐ All account information (fees, charges, payments)
- ☐ All financial aid information
- ☐ All housing information (room assignment, locations, housing judicial matters)

----- **OR** only these specific items (check individual items):

ACADEMIC:

- | | | |
|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Admission | <input type="checkbox"/> Registration/Enrollment | <input type="checkbox"/> Grades |
| <input type="checkbox"/> GPA | <input type="checkbox"/> Academic Standing | <input type="checkbox"/> Graduation |

ACCOUNT:

- | | | |
|-------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Fees | <input type="checkbox"/> Charges | <input type="checkbox"/> Payments |
|-------------------------------|----------------------------------|-----------------------------------|

HOUSING:

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Location | <input type="checkbox"/> Room Assignment | <input type="checkbox"/> Judicial Matters |
|-----------------------------------|--|---|

To the following individual(s) upon their request:

1. _____
(Printed Name) (Relationship to Student)
Address _____ Email _____
2. _____
(Printed Name) (Relationship to Student)
Address _____ Email _____

I understand that this information is considered a student education, financial, and/or housing record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Education Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form. **The authorization on this form will supersede all prior authorizations for release of my information.**

☐ I wish to revoke all consent for release of information.

Student's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

SWACONS UPDATED BY _____ Date _____

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

Rev 11/13/08