## Agency Consent For Release of Student Information

Example

## University of Idaho

Office of the Registrar PO Box 44260 Moscow, ID 83844-4260 Phone: (208) 885-4260 Fax: (208) 885-9061 www.uidaho.edu/registrar

I,	Brewick	Mary	Ellen me, Middle Name		high data: 07/03/1981 mg. 4
Far	mily (last) Name,	Given (first) Na	me, Middle Name	************	, birth date: 0 7 0 3 / 1981 ("Student")
for the purp following ed	pose of allowing oth ducation record info	ers to assist me vo	with my education, here to the agency or indiv	eby a	uthorize the <b>University of Idaho</b> to release the (s) identified below upon their request:
APPLICAT					sion and immigration documents):
ACADEMIC					
	Admission GPA	X Re	gistration/Enrollment ademic Standing	×	Graduation Graduation
ACCOUNT					
	Fees	∑ Cha	arges	×	Payments
FINANCIAL	L <b>AID:</b> All				
HOUSING:					
	Location	□ Roo	om Assignment		Judicial Matters
1. Agency N	Name: ABC	Agency			
1. Agency Name: ABC Agency  Agency Representative: Elvis Prestey Email abc a abc. com					
Agency Kep	presentative:	ivis Presie	Er	mail _	asc (a) asc. com
2	nted Name)				
	FIX VARIABLE TO THE STATE OF TH				(Relationship to Student)
Address			En	nail	
3	nted Name)	***************************************			
	- Maria				(Relationship to Student)
Address			En	nail	
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					
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