Agency Consent For Release of Student Information

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, _____, birth date:_____("Student")_
Family (last) Name, Given (first) Name, Middle Name (MM/DD/YYYY)

for the purpose of allowing others to assist me with my education, hereby authorize the **University of Idaho** to release the following education record information about me to the agency or individual(s) identified below upon their request:

APPLICATION and ADMISSION MATERIALS (including admission decision and immigration documents):
- ❑ All

***ACADEMIC*:**
- ❑ Admission ❑ Registration/Enrollment ❑ Grades
- ❑ GPA ❑ Academic Standing ❑ Graduation

***ACCOUNT*:**
- ❑ Fees ❑ Charges ❑ Payments

FINANCIAL AID:
- ❑ All

***HOUSING*:**
- ❑ Location ❑ Room Assignment ❑ Judicial Matters

1. Agency Name: _____

Agency Representative: _____ Email _____

2._____ _____
(Printed Name) (Relationship to Student)

Address _____ Email_____

3. _____ _____
(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: _____