

CONSENT OF RELEASE OF STUDENT INFORMATION



Independent Study in Idaho
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Legal name..... Birthdate..
Last First Middle

UI Student ID/ V number (if applicable).....

I hereby authorize ISI to release the following information about me:

Check all that apply:

ACADEMIC:

- Registration/enrollment
Grades
Progress in course

ACCOUNT:

- Charges
Payments

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 and/or financial record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Educational 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