## **CONSENT FOR RELEASE** of Student Information

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

## University of Idaho

Office of the Registrar 875 Perimeter Dr MS 4260 Moscow, ID 83844-4260 Phone: (208) 885-6731 Fax: (208) 885-9061 www.uidaho.edu/registrar

Rev 2/8/16

Stude	ent: First	Middle	Last	Student ID:Birth Date:
I here	eby authorize the	e University of Idaho to discuss a	nd verbally r	release the following information:
☐ Al		rmation <b>OR</b> these individual items:  Registration/Enrollment Academic Standing	☐ Grades	on
☐ AL		unt information <b>OR</b> these individual ☐ Charges ☐ Payments	items:	
☐ AI	L financial aid in	formation		
□ ALL university housing information OR these individual items: □ Location □ Room Assignment □ Judicial Matters				
	I request to <b>REM</b> nated individuals.		cuss and verb	pally release information to all currently
	consent for the formation required	following individual(s) to obtain	the authorize	ed information on request
'		(Printed Name)		(Relationship to Student)
(Comple	ete Address)			(Email)
2				(Relationship to Student)
(Comple	ete Address)			(Email)
signing (FERP) informato to mak	g this release, I am wa A). I certify that my cation can be revoked e any changes to my	aiving my right to keep this information confi consent for disclosure of this information is e by me in writing at any time, but will not affe	idential under the entirely voluntary ect the information d to complete an	busing record. Further, I understand that by e Family Educational Rights and Privacy Act v. I understand this consent for disclosure of on released under my previous consent. If I wished file a new form. The authorization on this
Stude	ent's Signature:			Date:
		OFFICE US	E ONLY	
	Record upda	ted by		Date