

# CONSENT FOR RELEASE of Student Information

University of Idaho

Office of the Registrar  
Phone: (208) 885-6731  
Fax: (208) 885-9061  
[registrarforms@uidaho.edu](mailto:registrarforms@uidaho.edu)

Student: \_\_\_\_\_ Student ID: \_\_\_\_\_  
                    First                    Middle                    Last  
Birth Date: \_\_\_\_\_

I hereby authorize the University of Idaho to discuss and verbally release the following information:

- ALL academic information OR these *individual items*:
- |                                    |  |                                     |
|------------------------------------|--|-------------------------------------|
| <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 |
- ALL financial account information OR these *individual items*:
- Fees       Charges       Payments
- ALL financial aid information
- ALL university housing information OR these *individual items*:
- Location       Room Assignment       Judicial Matters

My authorization is for the following purpose: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*  I request to REMOVE my consent allowing UI to discuss and verbally release information to all currently designated individuals. \*\*\*

I give consent for the following individual(s) to obtain the authorized information on request (all information required):

1. \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Relationship to Student)  
\_\_\_\_\_ (Complete Address) \_\_\_\_\_ (Email)
2. \_\_\_\_\_ (Printed Name) \_\_\_\_\_ (Relationship to Student)  
\_\_\_\_\_ (Complete 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 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.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Recorded by \_\_\_\_\_ Date \_\_\_\_\_ Rev 12/18