

CONSENT FOR RELEASE of Student Information

University of Idaho

Office of the Registrar
Phone: (208) 885-6731
Fax: (208) 885-9061
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