

The University of Idaho shall obtain written consent from students before releasing any personally identifiable information from their education record. Such written consent for release must:

- a) Specify what information/record is to be released.
- b) State the purpose for release.
- c) Identify the party to whom the information/record will be released to.
- d) Be signed and dated by the student.

A consent form must be completed for each time records are requested to be released. Requests will be maintained as part of the student record. Holds may prevent release of records.

### RECORDS TO BE RELEASED:

- |   |   |
|---|---|
| <input type="checkbox"/> Proof of current semester enrollment (if no SSN) | <input type="checkbox"/> Degree completion confirmation prior to award<br>Major(s): _____                 |
| <input type="checkbox"/> Online courses completed verification            | <input type="checkbox"/> Degree verification of past award ( <b>\$5 fee*</b> )<br>Major(s): _____         |
| <input type="checkbox"/> Transfer credit accepted verification            | <input type="checkbox"/> Military ID/Insurance enrollment verification<br>Expected graduation date: _____ |
| <input type="checkbox"/> Non-Attendance verification                      |   |
| <input type="checkbox"/> Other, please specify details:                   |   |

### DESCRIBE THE PURPOSE/USE FOR INFORMATION

**RELEASE INFORMATION TO:**  Issue to Student and Hold for Pickup (2 days) **OR ISSUE TO:**

Company/Organization: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

**SEND BY** (select one):

Email: \_\_\_\_\_

Mail to Address: \_\_\_\_\_

Fax (**\$6 fee\***; only for degree completion and verification): \_\_\_\_\_

**\*Fees noted for above services must be paid at the time of request. In accordance with state and federal laws, I hereby consent to the release of my University of Idaho educational records as indicated above.**

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Email: \_\_\_\_\_

Current student must use VandalMail

Personal

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### REGISTRAR USE ONLY

Rev 12/18

Completed by \_\_\_\_\_ Date \_\_\_\_\_ Records \_\_\_\_\_

Graduation only:  Application (EX)  Current Grades  SHAQPNO  Audit/Study Plan  IP Grades  Holds