

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 record information 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 personally 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 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"/> Non-Attendance verification                      |   |
| <input type="checkbox"/> Military ID/Insurance enrollment verification    | <input type="checkbox"/> Non-UI form or document, please describe:                                |
| <b>Expected graduation date:</b> _____                                    |   |

### DESCRIBE THE PURPOSE/NEED FOR THE RECORDS:

### SEND INFORMATION TO:

- 
- Issue to Student and Hold for Pickup

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

Name of Person: \_\_\_\_\_

### SEND BY (select one):

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

Mail; Complete Address: \_\_\_\_\_

Fax # (**\$6 fee\***; available only for degree completion or 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 students must use VandalMail*

**Personal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### REGISTRAR USE ONLY

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