University of Wisconsin-Stevens Point
Dean of Students

212 Old Main, Stevens Point WI 54481-3897
715-346-2611

Student Consent for Release of Confidential Information
FERPA Release

I,_____authorize_____to release the educational record
(Name of Student) (Name of Staff Member)
in the Dean of Students Office which includes academic and non-academic conduct history to the following individual(s):

Name *First, Last*	**Address** *City, State, Zip*	**Phone** *Home, Cell, Work*	**Relationship** *E.g. Guardian, Attorney, Probation/Parole, Self, Other UWSP Staff/Faculty*

By signing below, I acknowledge that I understand that my confidential information is protected under federal regulations governing The Family Educational Rights and Privacy Act (FERPA) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time in writing.

_____
(Student Signature) (Student ID Number)

_____
(Student Name Printed) (Date)

_____
(Staff Signature) (Date)

_____
(Staff Name Printed)