HOUSING AND RESIDENCE LIFE

University of Wisconsin-Stevens Point
1108 Fremont Street, Stevens Point, WI 54481
Phone:715-346-3511 Fax:715-346-4459
Email: housing@uwsp.edu

Student Consent for Release of Confidential Information

Family Educational Rights and Privacy Act (FERPA) Release Form

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their education records. While parents/guardians/spouses and others may have an interest in the student's record, access to or release of the education records is only by written student consent.

I, _____, the undersigned, authorize the University of Wisconsin-Stevens Point Housing and Residence Life, to release the following education records to the individuals listed below.

Check any box that applies:

- ☐ Housing Application and Housing Contract Information, including any correspondence regarding my housing and dining contract(s) or application(s).
- ☐ Hall and Room Assignment Information, including correspondence regarding my housing assignment(s).
- ☐ Housing Accommodation Information related to approved room accommodations or special housing arrangements.
- ☐ I revoke previously granted FERPA authorization. *Please provide name below and check the appropriate box to revoke access.
- ☐ Other: _____

Persons to whom information may be released – or revoked, if applicable (please print):

Name of Individual *Last, First*	**Address** *City, State, Zip*	**Phone** *w/area code*	**Phone Type** *Home, cell, work*	**Relationship** *e.g. parent or guardian, attorney, probation/parole, other UWSP faculty/staff*	**Release Information** *Select one box per person*	***Revoke Access**
					☐	☐
					☐	☐
					☐	☐
					☐	☐

Housing and Residence Life may contact the student regarding requests made by the individuals listed above, including who requested the information and the type of information requested.

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. Therefore, although I am not required to release my records, I am giving my consent to release the information as noted above. This authorization remains in effect while I am enrolled unless revoked in writing

Signature of Student	Date	Student ID	Address (Street, City, State, Zip)

Note: A signed copy of this authorization must be submitted to Housing and Residence Life by mail, email, fax, or in person