



Waiver for Release of Information

I authorize the University of Wisconsin-Green Bay, its agents and employees, to carry out the criminal background check and/or a caregiver background check as part of my admission process and as background for assignment in a Clinical Education or Field Placement Program. I authorize any person or organizations to provide UW-Green Bay, its agents, and employees, any information that may be requested. The expiration of this part of the authorization shall be for a period of no longer than one (1) year from the date of my signature.

I provide my consent for the University of Wisconsin – Green Bay to release information concerning my background check to clinical or field placement facilities as needed.

Please use only black or blue ink to complete the forms.

Name (printed ALL CAPS)
Signature
Date

Department Name: Education/Phuture Phoenix
Request Purpose: Phuture Phoenix/EDUC 295/295X

Please print the following information:

Driver's License Number State
[][][] - [][][] - [][][][]

Telephone Number
[][][] - [][][] - [][][]

UWGB Student ID#

Mail completed forms with check or money order for \$25.00, payable to UW-Green Bay, to:
Phuture Phoenix
UW-Green Bay/Education
2420 Nicolet Drive
Green Bay, WI 54311-7001