

DIRECT ADMISSION

AUTHORIZATION TO RELEASE RECORDS AND EXCHANGE INFORMATION



Green Bay Area
Public School District
Engagement. Equity. Excellence.



UNIVERSITY of WISCONSIN
GREEN BAY

Student Name:	
Student Date of Birth:	

I give consent to the Green Bay Area Public School District to disclose the pupil records and/or to exchange information verbally and/or in writing as specified below pursuant to Wis. Stat. § 118.125 and the Family Educational Rights and Privacy Act (34 C.F.R. 99.30). I understand that my consent is voluntary.

Name of Agency to whom disclosure will be made:	UW - Green Bay	
Address:	2420 Nicolet Dr. Green Bay, WI 54311	
Phone:	920-465-2111	
Purpose of Disclosure:	Interest in direct admission to UW-Green Bay	
I authorize the following method(s) to disclose and exchange pupil record information:	<input checked="" type="checkbox"/> Written documents	<input checked="" type="checkbox"/> Verbal exchange

The specific information to be released and/or exchanged is:

<ul style="list-style-type: none"> Progress Records (including grades, test results, immunizations, courses taken and co-curricular activities) 	<ul style="list-style-type: none"> Attendance Records Transcripts Enrollment 	Special Education Disclosure: <input type="checkbox"/> Individual Education Programs (IEPs) <input type="checkbox"/> Participation in Individualized Education Program (IEP) Meetings <small>I P records will be shared with UW-Green Bay Student Accessibility Services (SAS) to determine appropriate reasonable accommodations. Additional information may be requested in order to fully assess need. Students will be required to register with SAS prior to the initiation of services.</small>
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Time period for which records are requested: Entire Enrollment

I further understand that:

- I have a right to a copy of the records that are disclosed and a right to a copy of this authorization (a fee for education record copies may be imposed).
- I have the right to revoke this authorization, except to the extent that disclosure has already been made in reliance on this authorization. I understand that my revocation is effective only if it is in writing and it is submitted to the agency that is releasing information.
- If my child's health information is released pursuant to this authorization, it may be subject to re-disclosure by a person who receives the health information and may not be protected by federal law.
- A health care provider may not base health care treatment, payment or eligibility for health plan benefits on whether or not I sign this authorization.

This authorization is valid until graduation. A copy of this form is as effective as that of the original. I certify that I am the Parent/Legal Guardian of the Student, or that I am the Student and of majority age, and have the authority to sign this release.

Signature of Parent/Legal Guardian: _____ Date: _____

Print Name: _____ Relationship to Student: _____

Signature of Student: _____ Date: _____
(if age 18 or older)

Please return to high school. Route to: Career Center Coordinator or UW-Green Bay Career Coach

UW-Green Bay Contact Information: UWGB@uwgb.edu; 920-465-2111

Spanish: Si necesita esta información en su idioma natal, comuníquese con el Departamento de Estudiante del Idioma Inglés del Distrito al (920) 448-7347.

Hmong: Yog koj xav tau tej ntaub ntauw no ua koj hom lus, thov cuag rau hauv District's English Learners Department rau ntawm (920) 492-2661.

Somali: Haddii aad ubaahan tahay macluumaadkan inaad ku hesho afkaaga hooyo, fadlan la xiriir Waaxda Bartayaasha Luqadda Ingiriisiga ee Degmada lamabarkuna waa (920) 272-7647.