

UNIVERSITY of WISCONSIN
GREEN BAY

FERPA RELEASE

Name of Student _____

ID or Social Security Number: _____

Date of Birth: _____

I, the undersigned, hereby authorize UWGB to release the following education records and information (identify records or type of records)

to (Name and Address of Person/Agency to Receive Information)

for the purpose of _____

I understand further that: (1) I have the right not to consent to the release of my education records; (2) I have a right to receive of copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to UWGB, but that any such revocation shall not affect disclosures previously made by UWGB prior to the receipt of any such written revocation.

Student's Signature

Dated

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.