



University of Wisconsin-Stevens Point

Residential Living

Stevens Point WI 54481-3897
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E-mail: resliving@uwsp.edu
www.uwsp.edu/resliving

Student Consent for Release of Confidential Information FERPA Release

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

I, _____, the undersigned, authorize the University of Wisconsin, Stevens Point Residential Living, to release the following educational records upon written request:

Check the box that applies:

- Housing & Dining Contract and Application Information, including correspondence regarding my housing and dining contract(s) and application(s).
- Hall and Room Assignment Information, including special accommodation information (if applicable), and correspondence regarding my housing and dining assignment(s).
- I revoke access given previously. – 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 <i>Last, First</i>	Address <i>City, State, Zip</i>	Phone <i>w/Area Code</i>	Phone Type <i>Cell, Home, Work</i>	Relationship <i>E.g. parent/guardian, attorney, probation/parole, other UWSP faculty/staff</i>	Release Information	Revoke Access
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Upon inquiry by the above individuals, Residential Living will contact the student to inform them of the inquiry, including who is inquiring information and what information they are inquiring. By law, Residential Living has forty-five (45) days to respond to the request.

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 access will be enforced while I am enrolled, unless revoked, which may be done at any time.

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

Note: A copy of this signed authorization needs to be officially filed with Residential Living at 601 Division St. or resliv@uwsp.edu