



UW-WHITEWATER

**Authorization for Release of Information
to Third Parties**

I hereby authorize the University of Wisconsin – Whitewater to disclose my student account information to the following third party:

(Company Name)

(Company Address)

(Company Contact and Phone Number)

This is for the sole purpose of obtaining financial assistance from the third party. I further authorize that a photocopy and/or an electronic image of this authorization be accepted with the same authority as the original.

Signed,

_____ ID# _____
(Student's signature) (Campus ID#)

(Student's signature – Print)

(Local Address and Phone Number)

Submit this form to:

UW-Whitewater
Student Accounts
Hyer Hall Room 104
800 W. Main Street
Whitewater, WI 53190
Fax: (262) 472-1977
E-Mail: sfs@uww.edu
(262) 472-1373 or (800) 621-7244