

**AUTHORIZATION FOR RELEASE OF INFORMATION**

CENTER FOR STUDENTS WITH DISABILITIES (Andersen Library 2002)

**Name:** **Student ID:**

**Date of Birth:** **Cell number:**

**Local Address:**

I request and authorize of the **Center for Students with Disabilities** at the University of Wisconsin-Whitewater to disclose and discuss my student records from the University of Wisconsin-Whitewater with the following person(s) and to release to them information and records regarding my behavior, education records, or performance while a student at the University of Wisconsin-Whitewater.

* Individual person (s) (print name/s):
* University department (please specify):
* University instructors for enrolled courses
* Prospective employer(s)
* School official(s) responsible for admission to educational programs
* Other (specify):

**Specify the records** (check those that apply to this release):

* Advising
* Disability Eligibility
* Disciplinary
* Psycho-educational/Medical
* Housing
* Other (specify):

**Purpose for the Release of Records:**

**Restrictions:**

**Expiration Date:** (this can be changed at any time with written notice to CSD)

*I am willing that a photocopy of this authorization be accepted with the same authority as the original.*

***Signature Date***

Written Consent for Disclosure of Educational Records under FERPA must:

1. Specify the records that may be disclosed;
2. State the purpose of the disclosure; and Identify the party or class of parties to whom a disclosure may be made.

05.25.2023