

Student Consent Form for Release of Confidential Information

University of Wisconsin – Stout
University Housing

I, _____ authorize _____ to
(Name of Student) (Name of Staff Member)

release the following information: (examples of things that you may want to exclude:
sexual orientation, specific conduct information, academic status, information resulting from a
sexual assault, etc.)

to 1. _____
2. _____
3. _____
4. _____
5. _____

(Name(s) of People or Organizations)

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. I also understand that I may revoke this consent at any time in writing.

(Student Signature)

(Date)

(Student Name Printed)

(Staff Signature)

(Date)

(Staff Name Printed)