



Authorization for Release of Student Information

I _____, _____, _____
(Name) (Student ID) (Date of Birth)

give my permission to:

Name: _____

Office of Student Conduct and Community Standards
70 Bascom Hall
University of Wisconsin-Madison
Madison, WI 53706

To release information about me, including information in my student records and

_____ to:

Name(s): _____

Relationship to student: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

This consent is effective as of the date of my signature below. I understand that I may revoke this consent at any time by written notice to the Office of Student Conduct and Community Standards. This consent will remain in effect until the request is revoked or until _____.
(date)

Signature of Student: _____ Date: _____

Office of Student Conduct and Community Standards

70 Bascom Hall University of Wisconsin-Madison 500 Lincoln Drive Madison, Wisconsin 53706-1380
608/263-5700 Fax:608/265-5646 Email: conduct@studentlife.wisc.edu
<https://conduct.students.wisc.edu>