



Authorization for Release of Student Conduct Information

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

give my permission to the UW-Madison – Office of Student Conduct and Community Standards to release information about my student conduct record, specifically...

to:

Name(s): _____

Relationship to student: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

I understand this is a “single-use” request and I will submit the form again for future requests.

For the designated recipient listed above, this permission overrides any and all FERPA restrictions I have placed that would otherwise prevent the release of the specified information.

I understand I will not be contracted when the above information is released to the designated recipient.

I attest I am requesting this release of my own personal information and confirm all information entered above is true and correct. I authorize the UW-Madison Office of Student Conduct and Community Standards to release this information to the designated recipient.

Signature of Student: _____ Date: _____