

University of West Florida

STUDENT AUTHORIZATION
RELEASE OF STUDENT INFORMATION

Student Name Last First MI UWF.I.D. Number

Check category for which the release is authorized: Academic Financial Disciplinary Issues Health (not including Counseling Services)

I hereby authorize the University of West Florida to release information in the above checked categories to the following persons:

Name Telephone #

Address

Relationship

Name Telephone #

Address

Relationship

Information will be released as permitted by law. Information will be released on an individual basis when contacted by the authorized person listed. Additional verification may be required. If parents provide current tax return proving dependence, those students under the age of 24 who are dependent may have information released to parents without signing this authorization form.

I understand that this authorization is valid until I revoke it in writing. I may change this information at any time by submitting a written request.

Student Signature Date:

For additional information, contact the Office of the Registrar (850-474-2244) or Controller's Office (850-474-3034).

REGISTRAR (OFFICE USE ONLY)
Received by: Date
Comment placed by: Date