



BEFORE YOU BEGIN: This form is only for students who are working with a staff member in the Dean of Students Office related to student welfare, sexual and interpersonal violence, or conduct. Students needing a release for something else, like grades, financial aid, or their bills should contact those offices directly.

The Family Educational Rights and Privacy Act of 1974 (FERPA) allows the University of Wyoming (the "University") to disclose information from student education records to third parties under certain circumstances, including when a student has signed a written authorization.

Student Information

Your full name: _____

Your W number: _____

Your phone number: _____

Your email address: _____

Your physical address: _____

Authorized Party (Parties)

This form allows the University, in its sole discretion, to disclose to or discuss your student information with the party or parties indicated below. If you want different information disclosed to different individuals, please fill out a separate request.

Name of Individual or Organization/Company: _____

Role: _____

Their phone number: _____

Their email address: _____

Release Information

Describe the information to be disclosed and/or released from the above listed authorized parties:

What is the purpose of this release of information:

Which Dean of Students Office staff member have you been working with:

By checking below, I hereby release the University, its trustees, and employees from any liability to me or anyone claiming by, through, or under me, which may arise directly or indirectly out of the University's good faith compliance with this Authorization. This Authorization is effective until I revoke it by providing a signed written notification to the University. PLEASE NOTE: Neither FERPA nor this Authorization requires the University or its employees to disclose information. Any disclosure will be at the University's sole discretion and in accordance with all applicable privacy laws and University policy.

I agree

By signing below, I acknowledge I am the student and hereby sign and submit this authorization to the parties mentioned above:

Signature: _____

Date: _____