

THE UNIVERSITY of MONTANA WESTERN

710 S. Atlantic St. | Dillon, Montana 59725

REQUEST FOR REVIEW AND/OR RELEASE OF OFFICIAL RECORDS

UNIVERSITY OF MONTANA WESTERN RESIDENCE LIFE OFFICE

This form must be completed by any person, student and non-student, who requests access and/or release official University student records. All requests must be in concert with Federal Educational Records Privacy Act (FERPA) and State of Montana statutes governing individual's privacy rights. This completed form will become part of the individual's official record for one academic year.

STUDENT INFORMATION

Name: _____ Student ID#: _____
Address _____ Phone Number: () _____
City: _____ State: _____ Zip: _____

RECORDS TO BE REVIEWED OR RELEASED

- All Housing Records
- All Residence Hall Conduct Records
- All Bulldog Card Records
- Other (Please specify)

PERSON(S) AUTHORIZED TO RECEIVE/REVIEW RECORDS

Name: _____
Agency: _____
Other: _____

AUTHORIZATION SIGNATURE

I consent to the disclosure of any personally identifiable information from my education records to the Person(s) indicated above, for reasons determined by the University of Montana Western as appropriate. This authorization will remain in effect for the _____ school year.

Student Signature _____ Date _____

Witness Signature _____ Date _____

Please return completed form to: Residence Life
750 E. Cornell
Dillon, MT 59725
Phone: 406-683-7565
Email: residencelife@umwestern.edu