



DIVISION OF
University Housing
UNIVERSITY OF WISCONSIN-MADISON

Authorization to Release Information

PLEASE PRINT

Resident Name _____ ID# _____
LAST NAME FIRST NAME MIDDLE INITIAL

Birthdate _____

Current/ former resident of:

- University Residence Halls Room # _____ From _____ to _____
- University Apartments Apt. # _____ From _____ to _____

I hereby authorize the Division of University Housing to release all requested information regarding my residency in University Housing to potential landlords, rental agencies, financial institutions, mortgage lenders, government agencies, and any other persons/agencies listed below who contact the Division seeking this information.

Other authorized persons/agencies:

I understand that this authorization release form is for the current academic/lease year only and that it automatically expires at the commencement of the next academic/lease year.

SPECIAL INSTRUCTIONS OR LIMITATIONS:

RESIDENT SIGNATURE _____ DATE _____

THIS FORM MUST BE ACCOMPANIED BY A PHOTOCOPY OF YOUR UNIVERSITY ID CARD

FOR HOUSING OFFICE USE ONLY

LOCATION _____
ACAD YR _____
AMOUNT _____
LATE CHG _____
DAM CHG _____
OTHER _____

LOCATION _____
ACAD YR _____
AMOUNT _____
LATE CHG _____
DAM CHG _____
OTHER _____

LOCATION _____
ACAD YR _____
AMOUNT _____
LATE CHG _____
DAM CHG _____
OTHER _____