Permission to release my student education information

UW–Madison students (current and former) may use this form to permit administrative offices and academic units at the University to release specified educational information that is otherwise protected by the Family Educational Rights and Privacy Act (FERPA) to specified third parties. This form may not be used for the release of protected health information or treatment records.

This form needs to be completed, signed, and submitted for **each release** of information. We do not offer a nonexpiring permission.

The Office of the Registrar reviews and completes requests submitted to our office within five business days of receipt. We do not contact you (the student) when we send the information to the designated recipient.

1 Your contact information

★ Your name as it appears on your UW–Madison student records:

first name	middle name	last name

Your current name (if different from above):

first name	middle name	last name

★ Email address:	Telephone:	Campus ID (if you know it):	Birthdate:
		10 digits starting with 9	month / day / year

2 What information do you want UW–Madison to release?

3 Who should receive this education record?

★ Name:	Relationship to you:	Organization:
first & last name	parent, employer, etc.	

★ How do you want the information sent? (choose one)

☐ to this email address: ☐ to this fax number: ☐ to this mailing address:

4 My signature below confirms that I have read and understand the following:

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

For the third party 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 that I will not be contacted when the above information is released to the designated recipient.

I attest that I am requesting this release of my own personal information and confirm that all information entered above is true and correct. I authorize the UW–Madison office receiving this request to release this information to the designated recipient.

★ Sign here with a pen:

digital signature NOT accepted	date

Office of the Registrar
UNIVERSITY OF WISCONSIN–MADISON

333 East Campus Mall
room 10101
Madison, WI 53715-1384

phone: 608-262-3811
fax: 608-265-8946

registrar@em.wisc.edu
registrar.wisc.edu