



DARS Authorization

Please type all information. Submit one of the following way:

Email: dars@em.wisc.edu

Fax: (608) 262-4430

Mail: DARS Coordinator

333 East Campus Mall, Rm 11101

Madison, WI 53715-1384

Last Name: _____ First: _____ Middle: _____

Previous Name (if applicable): _____

If you were previously employed by or enrolled as a student at UW-Madison under a different name, please enter your previous name.

SIS Logon ID: _____ Email: _____

Student Hourly: Yes _____
No _____ If no, please specify Job Title: _____

Department/Office: _____ Office Phone: _____

Office Address: _____ [UDDS Code](#): _____

Email DARS capability: Yes _____ No _____

Note: Email capability is not provided for student workers. Email capability will only be given for email addresses containing 'wisc.edu' in the domain. This function only allows a DARS report to be emailed to you.

To access [DARS](https://dars.services.wisc.edu) reports, got to <https://dars.services.wisc.edu>.

For [help](http://registrar.wisc.edu/dars_help.htm) requesting DARS reports, go to http://registrar.wisc.edu/dars_help.htm.

Responsibility Statement and Agreement

DARS reports contain sensitive information that is protected by the Family Educational Rights and Privacy Act (FERPA). Please visit our [FERPA web page](#) to learn more about FERPA and your responsibility as a university employee to handle student data according to its stipulations.

I am familiar with the University of Wisconsin-Madison's implementation of the Family Educational Rights and Privacy Act, and I understand my obligation to use data on a DARS report accordingly.

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Dean/Director Signature: _____ Date: _____