

STUDENT REQUEST FOR RELEASE OF ACADEMIC INFORMATION

University of Wisconsin – Madison Office of the Registrar

This form is intended for student use to authorize release of private student record information to a third party. Prior to submitting this form, please check to see if you can provide the information to a third party yourself, through access to your record at the Student Center in My UW (my.wisc.edu or myinfo.wisc.edu). For additional information about privacy of student information, please visit registrar.wisc.edu/FERPA. **Please fill in all information below and sign.**

Student ID #			Date of Birth (mm/dd/yyyy)
Last Name	First Name	Middle	Maiden/Previous Name
Email Address and/or Phone Number			

1) I give the Office of the Registrar at the University of Wisconsin-Madison permission to release the following private/protected information (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> My cumulative GPA | <input type="checkbox"/> Grade report for most recently attended term |
| <input type="checkbox"/> My Class Rank | <input type="checkbox"/> |
| <input type="checkbox"/> Other (please specify): _____ | |

Note: if you need additional student academic information, please order a transcript at ordertranscript.wisc.edu

2) This request to release information is pursuant to the following purpose (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> A job application/interview | <input type="checkbox"/> Application to a college/university |
| <input type="checkbox"/> Professional licensure | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Other (please specify): _____ | |

3) I authorize you to release the information checked in 1) above to the following person/organization:

4) Preferred method of delivery to person/organization named in 3) above:

- Fax (specify number with area code): _____
- Email (specify email address): _____
- U.S. mail (specify mailing address) _____

5) Specify the relation of the person/organization named in 3) above to you:

- | | |
|---|--|
| <input type="checkbox"/> Prospective employer | <input type="checkbox"/> Prospective educational institution |
| <input type="checkbox"/> Insurance agency/company | <input type="checkbox"/> Professional organization |
| <input type="checkbox"/> Parent/guardian/family member/spouse | <input type="checkbox"/> Other (specify): _____ |

My required signature below indicates that I have read and understand the following:

- I understand that this request is a one-time request only. If there is a hold on my record which prohibits release of information, this request will not be fulfilled. If the request cannot be fulfilled at the time it is submitted, a new request must be submitted.
- I understand that it is my responsibility to check for and clear any holds that prohibit release of information prior to submitting this request. Holds can be checked through the My UW portal at my.wisc.edu or myinfo.wisc.edu.
- Requests will be reviewed and processed by the Office of the Registrar within five business days of receipt, and will not be valid for future requests
- I understand that I must complete a separate release form for each request.
- I understand that I will not be contacted when the above information is released to the designated recipient.
- This form is valid only for requesting the release of academic record information maintained by the Office of the Registrar. It is not intended for release of financial, health or other student records that reside on campus in deans offices, academic departments, etc.
- This form is not valid for requesting official transcripts. Visit ordertranscript.wisc.edu for transcript ordering information.

Signature _____ **Date** _____

Printed Name _____

Submit this form in person, by mail, or fax to: University of Wisconsin-Madison Office of the Registrar Transcripts and Certification, 333 E Campus Mall #10101, Madison, WI 53715-1384 Fax: (608)265-8946