The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their educational record. While parents/guardians/spouses and others may have an interest in the student’s record, access to or release of the educational record is only by written student consent.

FERPA Release Form

I, _______________________________, the undersigned, authorize the University of Wisconsin, Stevens Point, to release the following educational records upon written request:

Check the box that applies:

☐ Academic record, which includes information that exists on a transcript (example final grades), student schedule or degree audit.

Released records will be used for the purpose of ____________________________

☐ I revoke access given previously.

Persons to whom information may be released:
(PLEASE PRINT)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization (if applicable)</th>
</tr>
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<tbody>
<tr>
<td>______________</td>
<td>____________________________</td>
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</table>

Address

I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release the information. This access will be enforced while I am enrolled, unless revoked.

Signature of Student     Date                Student ID

Address

Note: A copy of this signed authorization needs to be officially filed with the Office of the Registrar at rm101 of the SSC or registrar@uwsp.edu.