UNIVERSITY of WISCONSIN Superior
Wisconsin's Public Liberal Arts College

Student Request to Release Non-Directory Information Form

In compliance with the Federal Family Education Rights and Privacy Act of 1974, the University is prohibited from providing non-directory information from your student records to a third party. Non-directory information includes such things as class schedule, grades earned, tuition and fees, assessment, financial aid, and more. See the entire Data Privacy policy listed on the Registrar's website. This restriction applies, but is not limited to, your parents, your spouse, or a sponsor.

I grant UW-Superior permission to release non-directory information (as noted below) related to my student records to a third party.

The Student must name each person to whom access is granted to by listing the person's name below along with a password (that only this person will know) up to 10 characters in length. The specified information will be made available only if requested by the authorized third party who can state the password provided.

Name:_____ **SID #** _____

(Last) (First) (Middle Initial)

I request the following release of information from my records at UW-Superior to:

Print First Name	Last Name	Relationship	Password ONE WORD (up to 10 characters)	* Release check all that apply
				□ Billing □ Financial Aid □ Academic Information □ Disability Services
				□ Billing □ Financial Aid □ Academic Information □ Disability Services
				□ Billing □ Financial Aid □ Academic Information □ Disability Services

***Release description**

- Billing statements, charges, credits, payments, past due amounts, 1098T, refunds, and/or collection activity
- Financial aid award information
- Academic information includes, but not limited to, grades, grade point average, class schedule, academic standing, application status
- Disability Services: Medical records/documentations, Accommodation forms

I hereby authorize the release of the above information to the individual(s) listed:

_____ _____

(Student Signature) **(Date)**

PROVIDE A COPY OF THIS FORM TO THE INDIVIDUALS YOU LISTED ABOVE

This form will be honored by UW-Superior until rescinded in writing by the student. This means if the student experiences life changes such as divorce, parental issues, etc. it REMAINS the student's obligation to inform the Registrar's Office IN WRITING to rescind this form to prevent student data from being released to the individuals listed above.

Submit this form to ONE of the offices listed below:

Cashier's, Financial Aid, Registrar's · Old Main · PO Box 2000 · Superior, WI 54880