



## UW-FERPA Request to Withhold Student Information

Please consider the following before submitting the form:  
<http://registrar.wisc.edu/forms/student/ferpaconsider.php>

Return this form to:     Office of the Registrar  
                                   Student Records  
                                   333 E, Campus Mall, Room 11101  
                                   Madison, WI 53715-1384

**Name:**

Last Name	
First Name	
Middle Name	
Student ID	

**NOTE:** The information items listed below are classified as generally releasable to anyone making inquiry. Filing this form will preclude the University of Wisconsin-Madison from providing the items you have checked (✓) to anyone without your express written consent, except as provided by law. This request, once filed, remains valid until revoked or modified.

To **REVOKE** a previous request, submit a new form with all items in the withhold area left blank.  
 To **MODIFY** a previous request, submit a new form with all items you wish to be withheld checked.

I hereby request that the University of Wisconsin-Madison withhold the information items checked below from the persons outside the University except with my express written consent.			
All (do not release any information)			
- OR -			
	All Postal Addresses		Athletic Information
	Dates of Attendance		Awards Received
	Degree Information		Date of Birth
	Electronic Addresses (Email)		Major
	Previous School(s) Attended		All Telephone Numbers
	Primary Name		

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Signature Date

Office Use Only Date processed:	Initials:
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