



**University of Wisconsin-Stevens Point**

Office of the Registrar

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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 that my advisor or designee advisor(s), can talk to (noted below) about my academic records at the University of Wisconsin, Stevens Point.

Check all that apply:

Academic record  
Please specify records released \_\_\_\_\_

Released records will be used for the purpose of \_\_\_\_\_

Other (please specify): \_\_\_\_\_

Released records will be used for the purpose of \_\_\_\_\_

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

\_\_\_\_\_  
Name Organization (if applicable)

\_\_\_\_\_  
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 release is a one time release only.

\_\_\_\_\_  
Signature of Student Date Student ID

\_\_\_\_\_  
Address

\*This form is to be kept on file in the office of the student's advisor.