



# Consent to the Release of Academic Information

Return to:  
MSOE Registrar's Office  
1025 North Broadway  
Milwaukee, WI 53202-3109  
Office: CC-377  
Phone: (414) 277-7215

Name \_\_\_\_\_  
(Last) (First) (Middle initial)

Student number or Social Security number \_\_\_\_\_

There are cases when a parent, guardian, employer or other interested party requests academic information from an MSOE faculty or staff member about a student. The Family Educational Rights and Privacy Act (FERPA) prohibits us from speaking to anyone about a student's academic record without the student's consent.

By signing below, you grant permission for the faculty and staff of MSOE to release any information deemed relevant to your academics at MSOE when it is requested by the person you have indicated below. This may include things such as, but not limited to, attendance, academic difficulty, academic status, specific enrollment dates, progress toward graduation, course grades, homework and test grades, overall motivation and attitude. Please realize that this information will likely be released over the phone where confirmation of the true identity of the caller will be impossible. This *Consent to the Release of Academic Information* will remain valid until your graduation or until you rescind this release in writing.

If you wish to limit this release to specific pieces of information, please list those specific items here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you approve of the person below receiving your unofficial transcript upon request, please sign \_\_\_\_\_.

You may release academic information to:

Name (please print) \_\_\_\_\_

Relationship of this person to student \_\_\_\_\_

Signatures on academic release forms must be verified. Students should submit these forms to the Registrar's Office in person. If that is not possible, please contact the Registrar's Office.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## For Office Use Only (please initial):

\_\_\_\_\_ Form signed in presence of MSOE staff/faculty member

\_\_\_\_\_ Form submitted in person by student

\_\_\_\_\_ Other verification method (please explain) \_\_\_\_\_