



Consent to the Release of Academic Information

Student's Last Name (please print): _____

Student's First Name (please print): _____

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. (Please note: If you are under the age of 18, we can speak to your parents regarding your academic record without your 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:

You may release academic information to:

Name (please print): _____

Relationship of this person to student: _____

Student Signature

Today's Date

Please return the completed form to:
MSOE Registrar's Office
1025 N Broadway
Milwaukee WI 53202
Phone: 414-277-7215