REQUEST TO WITHHOLD/RELEASE DIRECTORY (PUBLIC) INFORMATION

The items listed under Directory Information may be released in accordance with the Family Education Rights and Privacy Act of 1974 (FERPA) amended. Under the provisions of FERPA as amended, you have the right to withhold Directory Information.

Should you decide to inform UWM not to release Directory Information, any future requests for such information from non-institutional persons or organizations will be refused. For example, the University would be unable to verify degree, major or enrollment for possible employment, credit card applications, insurance purposes, mortgage information, apartment leases (See below for removal of Withhold Directory Information).

Should you decide to withhold Directory Information you may authorize, at a later date, a one-time release of directory or non-directory information (for example, a transcript for employment purposes) to an individual or organization by completing a Student Information Release Form either via PDF or Online.

DIRECTORY INFORMATION WITHHOLD/RELEASE FORM

Withhold Directory Information
I want Directory Information to be withheld (Directory information includes all items listed above)

I wish to prevent the disclosure of my Directory Information and understand the ramifications of doing so.

Name (print) ____________________________
Campus ID # ____________________________
Signature ________________________________
Date ____________________________

From the date this form is received in the Registrar’s Office, we will honor your request to Withhold Directory Information until you request in writing that you wish to remove the Withhold Directory designation. You may authorize the release of information in writing without removing the Withhold Directory Information designation (see above).

Release Directory Information
I want Directory Information to be released (Directory information includes all items listed above)

I no longer wish to prevent the disclosure of my Directory Information and release UWM from any responsibility to withhold Directory Information from the date this form is received.

Name (print) ____________________________
Campus ID # ____________________________
Signature ________________________________
Date ____________________________

From the date this form is received in the Registrar’s Office, we will honor your request to Release Directory Information.

Return this form and a valid Photo ID to the Registrar’s Office, UW-Milwaukee, Room 274 Student Information Center P.O. Box 729, Milwaukee, WI 53201-0729, Fax:(414) 229-6940; Email: regoff@uwm.edu