



Edgewood College  
Office of the Registrar  
registrar@edgewood.edu

NAME: \_\_\_\_\_

ID #: \_\_\_\_\_

## STUDENT CONFIDENTIALITY REQUEST

- I am requesting that all information regarding my records be withheld under the Family Educational Rights and Privacy Act of 1974.
- No information is to be released to the public without my prior written consent. This hold will remain in effect until further written notice.

\_\_\_\_\_  
*STUDENT SIGNATURE*

\_\_\_\_\_  
*DATE*

**\*IMPORTANT NOTE TO STUDENT:** Please be aware that certain information (GPA, grades, marital and parental info, etc.) is always restricted to the public, regardless of whether or not you complete this form. Also be aware that with your above signature we cannot give ANYONE- even you- information over the phone because there is no way to have absolute proof of your identity. We will answer in-person inquiries by a third party and all phone inquiries by saying "I cannot provide you with any information about this person."

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