

**PARENTAL AFFIDAVIT FOR ACADEMIC INFORMATION**

To: Department of Enrollment Services  
University of Wisconsin-Milwaukee  
P.O. Box 729  
Milwaukee, WI 53201

From: \_\_\_\_\_  
First Name M.I. Last Name  
\_\_\_\_\_  
Street Address City State Zipcode

Under federal legislation, the "Family Educational Rights and Privacy Act of 1974," and based on the applicable box below, I understand I am entitled to request certain student data, such as grades, dates of attendance, and other records under the custody of the University of Wisconsin-Milwaukee (UWM).

Please check the applicable box:

1. I, \_\_\_\_\_, certify that  
\_\_\_\_\_ Is claimed  
(Please print full name of student) (Social Security Number)  
on my Federal Income Tax form as a dependent.

2. I am the parent of \_\_\_\_\_  
(Please print full name of Student) (Social Security Number)  
who is currently being claimed by \_\_\_\_\_ (Must be  
(Name of Person claiming for Federal Income Tax)  
completed if Box #2 is checked). Please indicate person's relationship to student. \_\_\_\_\_

**Note:** The above mentioned student must be carried as a legal dependent on the Internal Revenue Tax form. Please send a copy of your most current federal tax form as documentation. If box 1 or 2 does not apply, the only way you can receive this type of information is for the student to request in writing that academic information be sent to you. If the student is not being claimed as a dependent, do not return this form. There will be no automatic mailing of grades or other information by UWM to anyone other than the student without a written request.

I hereby request the following document(s) **[PLEASE SPECIFY DOCUMENT AND SEMESTER]:**

\_\_\_\_\_  
Please indicated purpose of request: \_\_\_\_\_

I understand that I must make this request for information each time I require student information.

\_\_\_\_\_  
(Signature Required) Date