



Office of the Registrar
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PRIVACY REQUEST FORM

I, _____, (please print name) do not want any directory information released to a third party without my expressed written approval. I understand that the information withheld will be:

1. Address
2. Dates of Attendance
3. Withdrawal Date
4. College Affiliates
5. Major
6. Degree (If awarded)
7. Date of Graduation

Student Signature: _____ Date: _____

Student ID #: _____

Access to WISER (Student Information Systems)

Name: _____ Student ID #: _____
Please Print

- I want: Total Access
 No Access
 Display Access Only (No Update)

Student Signature: _____ Date: _____

Please submit completed form to: get.records@umb.edu

For Department Use Only: Completed by: _____ Date: _____



Directory Information, FERPA BSR