

University of Massachusetts at Boston
100 Morrissey Blvd
Boston, Massachusetts 02125-3393

Privacy Request

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 I. D. Number _____

Access to WISE (Web Information Systems for Everyone)

NAME: _____ SID # _____
please print

I want Total Access
 Display Access Only (no update)
 No Access

Student Signature _____ Date _____