

**Statement of Non-Disclosure of Release Information**

I understand that the release of confidential student data provided by the Milwaukee Public Schools is prohibited under the Family Education Rights and Privacy Act of 1974 and Wisconsin State Statutes, 118.125. I acknowledge that I fully understand that the intentional release by me of this information to any unauthorized person could subject me to penalties imposed by law. I agree to return and/or destroy the released data upon completion of the study for which it was requested.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete:**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Project Title: \_\_\_\_\_