

# DARS-X Program Authorization form

## User information (to be completed/signed by DARS-X user)

**Name**

**Title**

**Phone**

**Email**

**NetID**

DARS reports contain sensitive information that is protected by the Family Educational Rights Privacy Act (FERPA). Please visit the Registrar's FERPA web page to learn more about FERPA and your responsibility as a university employee to handle student data according to its stipulations. By signing below, I attest that I am familiar with the University of Wisconsin - Madison's implementation of FERPA, and I understand my obligation to use student information accordingly.

**Signature**

**Date**

## Academic Program (to be completed by the DARS-X Administrator)

**Acad Group**

**Specific Program Only:**

**User Role**

**All DPROGS:**

## Authorization (to be completed/signed by Department Chair/Academic Program Director)

**UDDS**

**Name**

**Title**

**Role**

I authorize this employee to make individual student exceptions to the Academic Program listed above...

**Signature**

**Date**

## DARS-X (to be completed by the DARS-X Administrator)

**Inserted into UWP1**

**Initials:**

**Date:**