



Authorization for the Release of Information for Evaluation Purposes WiscAMP Sponsored Programs

Purpose of this Form: The Wisconsin Alliance for Minority Participation (WiscAMP) is funded by the National Science Foundation (NSF). We are required to report information about students who receive support from WiscAMP to NSF. The information is used to keep track of what programs are working well. Our goal is to increase the numbers of under-represented minority students who graduate with bachelor degrees in science, technology, engineering and math (STEM) disciplines.

In order to keep track of how our programs affect student success, we need to know whether students stay in their STEM majors, leave their majors, finish a 4-year degree, and, ideally, whether they go on to graduate school, or a career in STEM.

By signing this form, you will be giving us permission to request the following information about you from your home institution and/or, when applicable, the University of Wisconsin system:

- Major
- Completion of STEM related course work
- Withdrawal and Transfer
- Graduation
- Cumulative/Final GPA
- Available information about graduate study or employment
- Address and other contact information

Signing this form is **voluntary** and will not affect your continued participation in or support from WiscAMP in any way. Additionally, you can withdraw your consent at any time, by contacting the WiscAMP office in writing. Doing so will not affect the ability of WiscAMP to use data previously obtained under a signed authorization.

Confidentiality: All data about you will be maintained confidentially by WiscAMP staff. It will not be used for any purpose except program evaluation and improvement. Individual level data will not be shared with anyone outside WiscAMP. However, NSF and its national program evaluator can be provided with aggregated data (i.e., group data) for the purposes of program monitoring and evaluation.

At WiscAMP, data will be secured under lock (for paper records) or in restricted access computer files. All staff with access to the data will have completed Human Subjects training to insure they understand data confidentiality requirements.

Personally identifiable information will be maintained for a maximum of five years past your graduation date, unless the NSF specifies another time period. At that time data collected under this authorization will either have all identifying information removed or be fully destroyed. You will never be identified in any analysis or report produced using these data.

Questions about this Document: Any questions you have about this document may be addressed to Gail Coover, Executive Director, WiscAMP, 2210 Mechanical Engineering, University of Wisconsin – Madison, Madison WI, 53706, (608) 263-1138, gcoover@engr.wisc.edu.

By signing, I agree to the terms of this authorization:

Name: _____ **Date of Birth:** _____
(Please Print)

Signature: _____ **Today's Date:** _____

Your Home College or University: _____

Your Home College or University Student ID Number: _____

Previous College or University (if any): _____

The WiscAMP sponsored program(s) you are currently participating in:

Finally, thank you for considering our request to complete this form. We hope you will sign it. The more complete data we have, the more accurate and useful our evaluation of WiscAMP programs can be.