

STUDENT CONSENT FOR RELEASE OF EDUCATION RECORDS INFORMATION



Name of Student (Last, First, Middle Initial):

WSU ID number (if known): Today's Date:

The Family Education Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to allow the release of their education records to specified third parties. Please note that while this form authorizes Wichita State University (WSU) to release education records to third parties, it does not obligate WSU to do so. WSU reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information on FERPA, visit the U.S. Department of Education's website at: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

SECTION A: EDUCATION RECORDS TO BE RELEASED

Academic Information (including, but not limited to): Grades/GPA, Class Schedule, Enrollment Status

Financial Information (including, but not limited to): Student Billing and Accounts, Financial Aid, Housing Account Status, Meal Plan Report

Other Information (including, but not limited to): Academic Misconduct, Non-Academic Misconduct, University Housing Behavior/Conduct, University Housing Residency Status

SECTION B: THE UNIVERSITY/INSTITUTION AUTHORIZED TO RECEIVE THESE RECORDS

University/institution:

Address:

Phone/Email:

Relationship:

SECTION C: PURPOSE OF RELEASE

SECTION D: SIGNATURE

By signing this form, I understand that: (1) I am giving WSU consent to release the information specified above to the university/institution specified above for the purpose(s) specified above; (2) I have the right not to consent to the release of my education records; (3) I have the right to inspect any written records released pursuant to this consent; (4) I have the right to revoke this consent at any time by delivering a written revocation to the WSU Office of International Education, except to the extent that action has already been taken upon this consent; and (5) I will not be contacted after an inquiry is made or information is released to the university/institution listed on this consent. **THIS CONSENT FOR RELEASE OF EDUCATION RECORDS WILL BE VALID AND EFFECTIVE UNTIL REVOKED.**

Printed Name:

Signature

Date (dd/mm/yyyy)

Parent/Guardian Signature
(if under 18 years of age)

Date (dd/mm/yyyy)