



**WICHITA STATE  
UNIVERSITY**  
OFFICE OF THE REGISTRAR

### **Consent to Disclose Education Records**

Upon receipt of your signed consent, Wichita State University will release or discuss the student education records specified below to the individual named on this form. You may revoke this consent, in writing, at any time except to the extent that action has already been taken upon this release.

<b>Requested By (Student)</b>		
Name (last, first, middle initial)	Date of Birth	myWSU ID number
Current mailing address (street or P.O. box number, apartment number, city, state, and ZIP Code)		Phone number with area code

<b>Individual Authorized to Receive Student Education Record</b>		
Name (last, first, middle initial)		
Address (street or P.O. box number, apartment number, city, state and ZIP code)		Daytime phone number with area code
Relation to student	E-mail Address	

#### **Education Records to be Released or Discussed:**

- ☐ Grades/GPA, demographic, registration, student ID number, academic progress status, and/or enrollment information
- ☐ Other (specify)

#### **Please release the education records specified above to the individual named in this form in the following manner:**

- ☐ Oral Discussion (with or without student present)
- ☐ In-person during any meetings
- ☐ In-person meeting on specific date only  
Specify Date \_\_\_\_\_
- ☐ All of the above

**I authorize Wichita State University to release or discuss the specified student information in the presence of the individual named above.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**By signing below, I hereby revoke any prior authorization for Wichita State University to release or discuss the specified student information in the presence of the individual named above.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**