



WICHITA STATE  
UNIVERSITY

OFFICE OF THE REGISTRAR

**Consent to Disclose Education Records During Advising Sessions or Academic College Meetings**

By signing this consent form, you authorize the individual named below to be present during your academic advising session or other meeting with your academic college and for your advisor to release education record information to this individual during the session. This authorization will apply to advising sessions or academic college meetings that take place in person, virtually (i.e. Zoom or Teams), or by phone. The education record information that may be released and/or discussed during an academic advising session or academic college meeting includes:

- Grades/GPA and academic standing
- Class schedules and course enrollment history
- Notes from previous advising sessions
- Active holds
- myWSU ID

This authorization is effective only for the date specified below. **Please note that while this form authorizes the release of your information, WSU faculty and staff are not obligated to release information to a third party, nor to allow a third party to attend advising or academic meetings.**

|                                    |               |                 |
|------------------------------------|---------------|-----------------|
| <b>Requested By (Student)</b>      |               |                 |
| Name (last, first, middle initial) | Date of Birth | myWSU ID number |

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>Individual Authorized to Receive Student Education Record</b> |                |
| Name (last, first, middle initial)                               |                |
| Relation to student                                              | E-mail Address |

|                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------|
| <b>Duration of Release</b>                                                                                      |
| <input type="checkbox"/> <b>One-Time Use:</b> This authorization can be used only once on specified date: _____ |

By signing below, I authorize that Wichita State University may release or discuss the stated education records in the presence of the individual named above.

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

\_\_\_\_\_  
Date

**For Staff Use Only:** Completed and signed consent forms must be retained in Navigate or forwarded to the Registrar's office.