

WICHITA STATE UNIVERSITY, Office of the Registrar

STUDENT ACADEMIC INFORMATION RELEASE AUTHORIZATION

In compliance with the Federal Family Education Rights and Privacy Act of 1974, the University is prohibited from providing certain information from your student records to a third party, such as information on class schedule, grades, and other student record information. This restriction applies, but is not limited to, your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University permission to release information about your academic student records to a third party by submitting a completed Student Academic Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested in writing by the authorized third party. The University does not automatically send information to a third party.

Submit your completed form to the address given below. Please note that your authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by completing Section D below in the presence of a notary public.

NOTE: For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student academic record. **However, it is University policy not to release certain aspects of student records (e.g., registration, academic grades, GPA) over the phone or via email.**

This form is NOT for verification of enrollment, graduation, and other information needed by scholarship organizations, educational lenders, or employers. That is handled between the requesting institution and the National Student Clearinghouse (www.studentclearinghouse.org) or by sending a transcript to the relevant entity.

SECTION A. Student Information

Name (last, first, middle initial)	myWSU ID number
Current mailing address (street or P.O. box number, apartment number, city, state, and ZIP Code)	Daytime phone number with area code

SECTION B. Third party designee

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

Please check the box below to grant authorization to student records:

☐ Grades/GPA, demographic, registration, student ID number, academic progress status, and/or enrollment information

NOTE: Contact the Office of Financial Aid and Scholarships to authorize access to financial aid records.

SECTION C. Certification

I authorize the above third party, named in Section B, to access the above indicated student record information. This authorization does not permit the third party to make any changes.

Student's signature (In the presence of a Notary Public)	Date
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SECTION D. Revocation (To revoke a prior Authorization to Release only)

By signing below, I hereby revoke any prior authorization for Wichita State University to disclose my academic record information with the individuals listed above, named in Section B, effective immediately.

Student's signature (In the presence of a Notary Public)	Date
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NOTARIZATION: State of _____, County of _____

Signed before me on _____ by _____.

Notary Signature: _____ MY APPOINTMENT EXPIRES: _____

RETURN TO: Gina Crabtree, 102 Jardine Hall, Wichita State University, 1845 Fairmount, Wichita, KS 67260-0058; (316) 978-3672

01/21/25