

WICHITA STATE UNIVERSITY, Office of the Registrar

THIRD PARTY REQUEST FOR STUDENT ACADEMIC INFORMATION

DIRECTIONS

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

Students may, at their discretion, grant the University permission to release information about their academic student records to a third party by submitting a completed Student Academic Information Release Authorization. The specified information will be made available only if requested in writing each time by the authorized third party. The University does not automatically send information to a third party.

This form is used by an authorized third party to request student academic information.

Submit the completed form to the address given below. The information will be mailed - **it is University policy not to release certain aspects of student records (e.g., registration, grades, GPA) over the phone or via email.**

NOTE: The University does not maintain attendance records – individual instructors may keep attendance records.

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)

SECTION B. Third Party Requestor

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

Please check the appropriate box(es) below to indicate which information is needed:

- ☐ Class schedule for (circle one) Spring Summer Fall 20____(year)
- ☐ Grades for (circle one) Spring Summer Fall 20____(year)
- ☐ Other academic record (please specify)

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

SECTION C. Third Party Signature

Third Party's Signature (In the presence of a Notary Public)

Date

NOTARIZATION:

Subscribed and sworn to/affirmed before me this _____ day of _____, 20____, at _____ (City)

Notary Signature: _____ MY APPOINTMENT EXPIRES: _____

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