Permission to Release Student Education Information

WashU current and former students who know their WUSTL Key can access academic records and order transcripts and request verifications themselves. This form is used to permit administrative offices and academic units at the University to release other specified education records that are otherwise protected by the Family Educational Rights and Privacy Act (FERPA) to specified third parties. This form may not be used for the release of protected health information. **This consent to release is valid for one year from date of signature. In addition, any disclosure of a student's education records to a third party, even in accordance with the student's consent, is at the discretion of the University and is not required by FERPA. Certain records are viewed on-site rather than issued to third parties.**

Student Contact Information (*Name as it appears on your WashU records*):

First name: _____ Middle: _____ Last: _____

Your current name of record (if different from above):_____

Student ID: _____

Information you request that WashU release:

Academic Records (specify as clearly as possible, e.g. a certain class):
_____

Student Affairs Records (including Student Conduct):
_____

Individual School Official or Office with permission to release/discuss the information stated above, if known:
_____

Person or Organization to whom WashU may release information described above:

First & last name/Organization:
_____

Relationship to you: _____

My signature below confirms that I have read and understand the following:
I understand this request is valid for one year from the date of the signature. I understand I must submit this form again for future requests. For the third party listed above, this permission overrides any and all FERPA restrictions I have placed that would otherwise prevent the release of the specified information.

I understand that I may not be contacted when the above information is released to the designated recipient.

I attest that I am requesting this release of my own personal information and confirm the information above is true and correct. I authorize the University to release the information to the designated recipient.

Signature (*digital signature accepted*)   Date:

Submit to the Office of the University Registrar at registrar@wustl.edu; they will review and send this to the appropriate unit or official who will release the information directly to the identified recipient.

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