

WAYNE STATE UNIVERSITY

FERPA RELEASE

Name of Student: _____ WSUID: _____

DOB: _____

I, the undersigned, authorize WSU to release records and information relating to grades, course performance, disciplinary proceedings, tuition and fees, schedules, and financial aid

To _____
(Name and Address of Person/Agency to Receive Information)

for the purpose of monitoring education progress and:

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to WSU, but that any such revocation shall not affect disclosures previously made by WSU prior to the receipt of any such written revocation.

Student's Signature

Date

Signature of Parent or Guardian
(If student is under 18)

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF THE FAMILY EDUCATION RIGHTS PRIVACY ACT (FERPA) AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT DISCLOSURE OF EDUCATIONAL INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED.

Return this form to: WSU Office of the Registrar, 5057 Woodward Ave Detroit, MI 48202

Shaded area for Registrar's use only	SOAFOLK updated by:	SOAFOLK updated on:
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