



Full Name _____ Student ID _____
First Middle Last

Social Security Number _____ Date of Birth _____

I hereby authorize Western Seminary to release my education records to the individuals/agencies listed below. I understand and agree that this release will expire one year after the date of submission and will not be renewed unless I submit a new Authorization to Release Information form. Additionally, I understand that I may update this release at any time by completing a new Authorization to Release Information Form, at which time any prior forms signed by me will become null and void. I also understand that the released education record(s) may be electronically transferred by Western Seminary or its agents. In addition, I understand that the individuals/agencies that I have designated below must verify my date of birth before any information is released to them.

Student Signature _____ Date _____

I grant access to the following individuals/agencies *(no more than two individuals/agencies per student; please print clearly)*:

First Agency/Individual Name _____ **Relationship** _____

Type of Information to be Released to the Individual/Agency Named Above:

- ACADEMIC RECORDS:** Includes, but not limited to, grades, academic progress, course record, academic probations, etc.
- FINANCIAL RECORDS:** Includes, but not limited to, billing statements, payments, balance due, financial aid, etc.
- OTHER:** Please specify _____

Second Agency/Individual Name (if needed) _____ **Relationship** _____

Type of Information to be Released to the Individual/Agency Named Above:

- ACADEMIC RECORDS:** Includes, but not limited to, grades, academic progress, course record, academic probations, etc.
- FINANCIAL RECORDS:** Includes, but not limited to, billing statements, payments, balance due, financial aid, etc.
- OTHER:** Please specify _____

RETURN TO:
Studentservices@westernseminary.edu

We prefer you send in documents electronically so we have a record.
Please email any questions to the Student Services Team at the above email.

OFFICE USE ONLY

Western Seminary Staff Signature _____ Date _____