Western Seminary

Authorization to Release Information

The Western Seminary Registrar's Office, in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), requires the written consent of the student authorizing the disclosure of non-directory information from their record. By law, the authorization must include: the specific information to be released; the party or class of parties to whom the information is to be released; the purpose of the release; the date; and the student's signature.

1. STUDENT DETAILS

Full Name _____   Student ID _____
First   Middle   Last

Current Phone Number _____   Date of Birth _____

PHOTO ID IS REQUIRED. Students must present photo ID when submitting this form in-person, or provide a copy of photo ID when submitting the form via the student's Western Seminary email address.

2. TYPE OF RELEASE:

☐ **One time only release of student records** *(Note: If you have signed a confidentiality request for your directory information, you must submit a one time only release for each release of information.)*

☐ **Release of student records until revoked by me in writing and delivered to Western Seminary's Registrar**

☐ **I revoke the release of information I have on record for the following person/institution**

3. RECORDS TO BE RELEASED

☐ **Enrollment Records** – registration and enrollment information ☐ **Grades** – final term grades/GPA *(note: this option does not include official transcripts)*	☐ **Billing/Student Account Information** – billing statements, charges, payments, and acct. balances ☐ **Official Transcript** – additional transcript processing fees apply	☐ **Financial Aid Information** – aid awards, disbursements, eligibility, and status of same ☐ **Student Course Schedule** – current term schedule
☐ **All Education Records – including but not limited to any of the above**		☐ **Other** – please specify: _____

4. RELEASE RECORDS TO (specify person(s) or institution):

Name _____   Relationship _____

Name _____   Relationship _____

This waiver of FERPA rights for this specified purpose will remain in effect until:_____

I hereby authorize Western Seminary to release my education records to the individuals/agencies listed above. 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 _____