



WESTERN MICHIGAN UNIVERSITY  
Office of the Registrar

1903 W. Michigan Avenue  
Kalamazoo, MI 49008-5256  
(269) 387-4300  
www.wmich.edu/registrar

# Student Information Release Authorization

Completing and signing this form grants Western Michigan University permission to release your academic and/or account information to a designated third party. A separate release form must be completed and signed for each third party that you wish information (non-directory) released to. The specified information will be made available only if and when requested by the authorized third party.

**Note:** For the identified third party designee, this release overrides any FERPA suppression of directory information on file. *You may rescind this authorization at any time by submitting a written statement to the Registrar's Office.*

## Student Information

|            |                                |      |
|------------|--------------------------------|------|
| Last Name: | First Name and Middle Initial: | WIN: |
|------------|--------------------------------|------|

## Third Party Information

|            |             |                   |                          |
|------------|-------------|-------------------|--------------------------|
| Last Name: | First Name: | Telephone Number: | Relationship to student: |
| Address:   | City        | State (Country)   | Postal Code:             |

Select the information you wish to authorize WMU to release (check all that apply):

- Grades/GPA, academic status, or any other academic information and/or enrollment information.
- Billing statements, charges, credits, payments, past due amounts, and/or collection activity.
- Financial aid awards, application data, disbursements, and/or eligibility.
- Other:

Select the purpose for the release of information (check all that apply):

- Any and all purposes
- Employment
- Admissions Application
- Other:

I grant the named third party authorization to access my student record and/or account information identified above. I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under applicable law with regard to the designated third party listed above and that party only. I understand that this release is valid until I notify the Registrar's Office in writing that I wish to revoke it.

|                    |       |
|--------------------|-------|
| Student Signature: | Date: |
|--------------------|-------|