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# WESTERN MICHIGAN UNIVERSITY

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## Student Consent to Disclosure of Records

I, \_\_\_\_\_ (print name), am a student employee at Western Michigan University in the Landscape Services department, and I hereby consent to the disclosure of the following records to AFSCME Local 1668 and Council 25: Name in conjunction with employee identification number, area of work, and number of hours worked per pay period.

The purpose of the disclosure is to monitor compliance with the collective bargaining obligation of Western Michigan University.

I understand and acknowledge that the University does not take a position with regard to the execution of this consent.

I understand further that: (1) I have the right to not consent to the release of these or other of my educational records; (2) I have a right to receive a copy of these records upon request; and (3) this consent shall remain in effect until revoked by me, in writing, and delivered to Human Resources, 1300 Seibert Administration Building.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Empl ID Number

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA), WHICH PROHIBITS ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH LAW(S) OR REGULATIONS.

**Send completed form to Human Resources, 1300 Seibert Administration Building, 5217**