



1903 W. Michigan Avenue  
Kalamazoo, MI 49008-5256  
Phone: (269) 387-4300  
Email: registrar-info@wmich.edu  
Website: 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. The FERPA policy can be found online at <http://www.wmich.edu/registrar/policies/ferpa/>

You may rescind this authorization at any time by submitting a written statement to the Office of the Registrar.

STUDENT INFORMATION	
Name (Last, First, Middle Initial):	Western ID Number (WIN):
THIRD PARTY DESIGNEE	
Name (Last, First, Middle Initial):	
Address:	Phone Number: (include area code)
Relationship to student:	

Please check the box(es) below to select the information you authorize WMU to release:

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: \_\_\_\_\_

Please check the box(es) below to select the purpose for the release of information:

Any and all purposes

Employment

Admissions application

Other: \_\_\_\_\_

### CERTIFICATION

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 Office of the Registrar in writing that I wish to revoke it.

Student Signature

Date