



Consent to Release 2020-2021

Directions

In compliance with the Federal Family Education Rights and Privacy Act of 1974, WSU Tech is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or any other third party.

You may, at your discretion, grant WSU Tech permission to release information about your student records to a third party by submitting a completed Student Consent to Release Education Records authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. WSU Tech will not automatically send information to a third party.

Submit your completed form to the Registrar's Office, at the address given above. **Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to the Registrar's Office.** **NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory information non-disclosure holds you have placed on your records.

SECTION A. Student Information

_____ Name (Last, First, Middle Initial)	_____ Social Security Number (last four digits only)	_____ Student ID Number	_____ Date of Birth
_____ Current mailing address (street or P.O. Box number, apt number, city, state, and zip code)		_____ Daytime phone number	

SECTION B. Person/Third Party Designee authorized to receive information (Parent, Guardian, etc.)

_____ Name (Last, First, Middle Initial)	_____ Daytime phone number
_____ Current mailing address (street or P.O. Box number, apt number, city, state, and zip code)	
_____ Relationship to student	_____ Email address

Please initial one or more of the lines below to grant authorization to different types of information:

_____ Business Office: e.g., billing statements, charges, credits, payments, past due amounts, collection activity, communication history

_____ Registrar's Office: e.g., Grades/GPA, demographic, registration, student ID number, academic progress status, enrollment information, and access to academic records

_____ Financial Aid Office: e.g., FAFSA application data, financial aid disbursements, eligibility, and financial aid Satisfactory Academic Progress status

_____ Other (be specific) _____

SECTION C. Certification

I authorize the above third party, named in Section B, to access the above indicated student record and/or account information.
This authorization does not permit the third party to make any changes.

_____ Student's Signature	_____ Date
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WSU Tech
Financial Aid
4004 N. Webb Rd. Wichita, KS 67226
316-677-9400

If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.