

Student FERPA Consent Form for Access to Educational Records

Washington State University Office of the Registrar

The Family Educational Rights and Privacy Act (FERPA), affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form allowing the release of their education records to specified third parties. This form authorizes Washington State University to release education records to third parties; it does not obligate Washington State University to do so. Washington State University reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the College catalog for Student Records and Privacy or visit the U.S. Department of Education's website at (www2.ed.gov/policy/gen/guid/fpco/ferpa).

Name of Student (Last, First, Middle Initial):	Student ID:	
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Education records to be released (check all that apply):

- Academic Information** (transcript, credit hours enrolled/earned, grades/GPA, class schedule, academic progress, enrollment status, etc.)
- Financial Aid Information** (awards, application data, disbursements, eligibility, financial aid academic progress status, etc.)
- Loan Information** (College maintained loan disbursements, billing and repayment history – including credit reporting history, balances, collection activity, etc.)
- Student Account Information** (billing statements, charges, credits, payments, past due amounts, collection activity, financial hold, etc.)
- All Records Listed Above**
- Other** (please specify): _____
i.e. probation, suspension, disciplinary actions, delinquent/default loan, etc.

Name and address of Person(s) to whom educational records may be released:

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Name	Mailing Address	Relationship to Student

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Duration of release (check one):

- One -Time Use:** This authorization is only applicable as of the date indicated below
- Limited Use:** Expire this authorization at end of term/year indicated: _____
- Unlimited Access:** Allow until a written revocation is obtained from student

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the record custodian.

Student's Signature: _____ Date: _____

- Instructions for completing this form:
1. The form must be fully completed and **signed / dated by the student**. Records cannot be released if any section of this form is not complete.
 2. Completed forms should be submitted to the office who is the custodian of the designated records. Questions about this form may be directed to the Office of the Registrar at (509) 335-5346.