

**Washburn University**  
**Family Educational Rights and Privacy Act (FERPA)**  
**Student Record Information Release**

Student Name: \_\_\_\_\_

WIN#: \_\_\_\_\_

I, the undersigned, hereby authorize Washburn University to release the following educational records and information:

- All Educational Records** – *Includes, but not is not limited to, grade reports, transcripts, classroom performance/behavior.*
- Accounting** – *Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information and debt information.*
- Admission** – *Includes date of application, program selected, documents received, documents pending, date of admission, admission status and conditions of admission.*
- Registration** – *Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.*
- Academic Records** – *Includes courses taken, grades received, GPA, academic progress, honors, transfer credit award and degrees awarded.*
- Financial Aid** – *Includes all general financial aid information.*
- Other (please be specific)** -- \_\_\_\_\_

To: \_\_\_\_\_

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to Washburn University. Any such revocation shall not affect disclosures previously made by Washburn University prior to the receipt of any such written revocation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, **INCLUDING 20 USC 1232g**, WHICH ALSO PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

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\_\_\_\_\_ I hereby revoke this authorization for release of information.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date