Authorization to Release Educational Record Information  
Student Request Form

Privacy of personal information is paramount in the minds of many citizens. Walsh College takes the protection of students and their records very seriously, and therefore, complies with The Family Educational Rights and Privacy Act of 1974 (FERPA) to protect the privacy of student records. The Family Rights and Privacy Act allows release of “Directory Information” without the student’s prior consent. Walsh College defines the following categories as directory information and may permit disclosure without the written consent of the student:

- Name
- Home address
- Phone numbers
- Current or past enrollment status
- Academic program/degree
- Honors recognition
- Participation in officially recognized activities
- Graduation information including degree earned, major, specialization, certification, honors, awards received and/or date of graduation
- Dates of attendance
- Photographs
- Walsh College email address

Except to the extent that FERPA authorizes disclosure without consent, personally identifiable information contained in the student’s educational record not listed as “directory information” will not be disclosed without the prior written consent of the student.

Date  
Student ID#  
Student Name

This information can be:  
☐ Business Office/Account Balance Information  
☐ Class schedule/registration  
☐ Enrollment status  
☐ Financial Aid  
☐ Other: ______________________  
☐ Any and all of my educational record

I want this individual to:  
☐ Only obtain information  
☐ Conduct business on my behalf  
☐ Obtain information and conduct business

This is only valid for these semester(s):  
☐ Fall 20____  
☐ Winter 20____  
☐ Spring 20____  
☐ Summer 20____

Provide the person’s name that this can be released to and PIN that can be used to verify their identity:

First Name  
Middle Initial  
Last Name  
Unique Four-Digit PIN

Authorization: I give Walsh College permission to release the selected information to the individual listed above. I also understand that a Walsh representative will ask for the PIN before this individual can do official College business on my behalf.

Signature:  
Date:  

Records, Registration, & Veteran Services Office  
3838 Livernois Road, P.O. Box 7006, Troy, MI  48007-7006  
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