

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

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
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<p>This information can be:</p> <input type="checkbox"/> Business Office/Account Balance Information <input type="checkbox"/> Class schedule/registration <input type="checkbox"/> Enrollment status <input type="checkbox"/> Financial Aid <input type="checkbox"/> Other: _____ <input type="checkbox"/> Any and all of my educational record	<p>I want this individual to:</p> <input type="checkbox"/> Only obtain information <input type="checkbox"/> Conduct business on my behalf <input type="checkbox"/> Obtain information and conduct business	<p>This is only valid for these semester(s):</p> <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Winter 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____
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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
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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
FAX 248-823-1662

