Authorization to Release Educational Record Information
Student Request Form

Privacy of personal information is paramount in the minds of many citizens. Walsh 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 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 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: I want this individual to: This is only valid for these semester(s):

☐ Business Office/Account Balance Information ☐ Only obtain information ☐ Fall 20____
☐ Class schedule/registration ☐ Conduct business on my behalf ☐ Winter 20____
☐ Enrollment status ☐ Obtain information and ☐ Spring 20____
☐ Financial Aid conduct business ☐ Summer 20____
☐ Other: ______________________
☐ Any and all of my educational record

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 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 business on my behalf.

Signature: _____________________________ Date: ____________________________

Records & Registration
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