



Authorization to Disclose Academic Information

READ: A signed authorization should be given to each faculty member or other university employee who may be contacted. This authorization is valid until the student submits a written notice to the WKU employee of intent to revoke the authorization.

Student Name _____ WKU ID _____

Western Kentucky University informs students annually of the Family Educational Rights and Privacy Act (FERPA) through the catalog and Registration Guide. The Act was designated to protect the privacy of education records, to establish the rights of students to inspect and review their education records, and to provide guidelines for the correction of inaccurate or misleading information.

In accordance with FERPA, the University will disclose information from the education records of a student provided the University has on file written consent of the student. Your signature verifies that you grant the individual(s) named below to obtain information about your education records.

I give permission to _____ to release information to the following individuals:

Full Name of WKU Employee - Form left with this person

First	Middle	Last

First	Middle	Last

First	Middle	Last

- Check the specific items of information that may be disclosed:

____ Class attendance	____ Final grades
____ Class schedule	____ Other _____
____ Quiz/test/paper grades	____ Other _____

OR

____ All education records

*****Student is to sign in the presence of the WKU employee who will release information (WKU signature required below). If the student cannot sign this form in front of the WKU employee, a notary has to verify the signature as a true signature of the student before WKU will accept this form.**

***Student Signature: _____ Date: _____

***WKU Employee Signature: _____ Date: _____

Revised 3/9/2016