



Release Form

STUDENT AUTHORIZATION FORM: To comply with FERPA regulations, transcripts may only be released to the student of record or another Educational Institution. To fulfill a request for transcripts the student must acknowledge and authorize the release of his/her records.

PLEASE COMPLETE THE INFORMATION BELOW and SUBMIT.

Additionally, most institutions will require your handwritten signature for processing. Please PRINT, SIGN and DATE and SCAN to send back by email to Crissy.Priddy@wku.edu.

Student Name

Former Last Name(s) (if applicable)

Date of Birth

Shirt-Size XS S M L XL XXL Mens Womens

Colleges you previously attended

1. Name of Institution

Address

2. Name of Institution

Address

3. Name of Institution

Address

4. Name of Institution

Address

High School from which you graduated (if you have <24 college credits)

Name of Institution

Address

I hereby authorize Western Kentucky University to access the above transcripts on my behalf. Additionally, the WKU Office of Admissions may adjust my term of admission and/or program of study to correlate correctly with my enrollment in the Master Educator Course at Fort Knox:

Signature

Date