



UNIVERSITY of WESTERN STATES

Integrating Health and Science

FERPA Release Form

The Family Educational Rights and Privacy Act (FERPA) deals specifically with the education records of students, affording them certain rights with respect to those records. For purposes of definition, education records are those records which are: 1) directly related to a student and 2) maintained by an institution or a party acting for the institution.

Students may choose to complete and submit this "FERPA Release Form" to the Office of the Registrar to allow access or release of all or part of their record.

I, _____, the undersigned, authorize University of Western States to release the following records
(Please print full name)
 when provided with the password and an answer to one question in regards to my student account:

Check all that apply:

- Academic record/transcripts (if a transcript is to be sent to an address other than that on file at the institution, a written request must be signed by the student.) (Includes, but not limited to courses taken, grades received, GPA, academic progress, honors, transfer credit awarded and degree(s) awarded.)
- Financial record/student account detail (Includes, but not limited to tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections and debt information.)
- Financial aid record (Includes, but not limited to all general financial aid information.)
- Other (Please state what other records may be released.) _____

Persons to whom information may be released **(PLEASE PRINT):**

Name _____
 Relationship To Student _____
 Address _____
 Street City, State Zip
 Phone Number _____
 Password _____

Name _____
 Relationship To Student _____
 Address _____
 Street City, State Zip
 Phone Number _____
 Password _____

I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release the information.

- This release is a one time release only.
- This release will remain in effect while enrolled* unless I revoke such consent in writing at the Office of the Registrar.

Signature of Student

 Date

* Enrollment will be monitored 30 days into the next regular academic semester. The FERPA release will be expunged if enrollment ceases. Please note that if information is being released over the phone, additional information may be needed in order to verify before giving out information.

UWS OFFICIAL USE ONLY

Student ID checked

 UWS official name and signature

 Date

Print and complete this form, return to: UWS Registrar's Office