



Authorization to Release Records

Mail/Fax to: Records and Registration Office
5057 Woodward, Fifth Floor
Detroit, MI 48202
Phone: (313) 577-3541
Fax: (313) 577-0945

Drop Off: Student Service Center Lobby
Welcome Center
42 W. Warren
Detroit, MI 48202
Phone: (313) 577-2100

ID	Last Name	First Name	DOB
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I authorize Wayne State University to release records and information related to grades, course performance, disciplinary proceedings, tuition and fees, schedules, and financial aid to

Legal Name of Person	Complete Address
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Relationship (check one)

Mother (M) Father (F) Guardian (U) Spouse/Partner (P)
 Employer Other (specify) _____

for the purposes of monitoring educational progress.

I understand that I have the right to not give consent to the release of my educational records, that I have the right to receive a copy of these records upon request, and that this consent shall remain in effect until revoked by me, in writing, and delivered to the Wayne State University Office of the Registrar. Any revocation shall not affect disclosures previously made by Wayne State University prior to the receipt of my written revocation.

I acknowledge that this information is released subject to the confidentiality provisions of the Family Educational Rights and Privacy Act (FERPA) and other applicable federal and state laws and regulations, which prohibit disclosure of educational information without the specific written consent of the individual to whom it pertains, or as otherwise permitted.

Signature X | **Date**

Signature of Parent or Guardian
(required if student is under 18)

SOAFOLK Updated by:	SOAFOLK Updated on:
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