

## FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: School of Global Education and Outreach and WIU Atlantis Program Staff

Please provide information from the educational records of \_\_\_\_\_ [name of student requesting the release of educational records] to:

\_\_\_\_\_ [Name(s) of person(s) to whom the educational records will be released and the relationship to the student. For example, parents, spouse, siblings, etc.]

The only type of information that is to be released under this consent is:

\_\_\_\_\_ Transcript

\_\_\_\_\_ Financial information

\_\_\_\_\_ Correspondence from partner institutions abroad, including student welfare

\_\_\_\_\_ Other (Specify): \_\_\_\_\_

\_\_\_\_\_ All records

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this consent. I understand I may revoke this consent upon providing written notice to Executive Director, School of Global Education and Outreach. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the person(s) identified above.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_