



Authorization for Release of Information

Western Washington University is committed to safeguarding appropriate access to student education records as well as maintaining individual student privacy. Specific procedures describing policy aligned with the Family Education Rights and Privacy Act of 1974 (FERPA) are contained in Appendix E of the university catalog.

By signing this form, I provide permission for \_\_\_\_\_, faculty at Western Washington University, to provide a written or verbal assessment of my academic and professional performance.

\_\_\_\_\_  
Printed Student Name

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Information may be released to:

\_\_\_\_\_  
Name of individual or institution

\_\_\_\_\_  
Purpose\*

\_\_\_\_\_  
Name of individual or institution

\_\_\_\_\_  
Purpose\*

\_\_\_\_\_  
Name of individual or institution

\_\_\_\_\_  
Purpose\*

\*(i.e. internship; employment reference; graduate school letter of recommendation)