

Western Washington University Human Services Program Student Record Release Consent

Last Name	First Name	Middle Init.	Former Name
Student Number W	Birth date	Quarter & Year of Graduation:	
Current Address, City, State, and Zip Code			Phone Number () ____ - ____

I give permission to essential WWU Human Services Program staff, to retrieve my student file from archives and to review and use its contents for the following objective(s):

Create a Portfolio Summary of my non-graded coursework.

Advising. I plan to return to WWU to complete the Human Services major.

Other _____

I give essential staff and faculty permission to discuss with course instructors and advisors, my performance throughout my enrollment in the Human Services Program in order to carry out the objectives indicated above.

_____ _____
Signature **Date**

Please return this form to:

**Human Services Program Manager
Woodring College of Education
Western Washington University
516 High Street
Bellingham, WA 98225-9091**

**Attn: Program Manager
Fax: 360.650.2607**

You are authorized to release my Portfolio Summary to the following institutions or agencies (if applicable):

Name _____
Address _____
City, State _____ Zip _____

Name _____
Address _____
City, State _____ Zip _____

Name _____
Address _____
City, State _____ Zip _____

Department of Human Services and Rehabilitation Use

Date sent: _____ By: _____

Date consent received: _____ By: _____

Date record released: _____ By: _____

