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*

________________________
Name of individual or institution

Purpose*

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