



Wilberforce University

Authorization for Release of Information Form

Return to: Registrar's Office 102 Wolfe Administration Building
www.wilberforce.edu/registrar/ Phone: (937) 708-5734

1055 N. Bickett Road P.O. Box 1001 Wilberforce, OH 45384

Please use black or blue ink only Date _____

Student ID Number _____

Last Name _____

First Name _____

MI _____

I, hereby, grant

_____ Consent for Full Access to Educational Records: (Full access does not give authority to make any changes to the student's educational record.)

_____ Consent for Limited Access to Educational Records: (Limited Access to Educational Records does not give authority to make changes to the student's educational record.)

- _____ Only my Wilberforce University Academic Transcripts
- _____ Disciplinary Records
- _____ Recommendations for employment or admission to other institutions
- _____ All Records

to

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian E-mail Address: _____

Parent/Guardian Mailing Address: _____

The Family Educational Rights and Privacy Act of 1974 guarantees that the academic records for students over 18 years old cannot be discussed with anyone except the student or authorized University personnel. Certain information that falls under "Directory Information" can be provided, unless the student specifically directs that information to be withheld. Please note "Directory Information" includes: Student Name, campus address, e-mail, telephone listings, photograph, date and place of birth, major field of study, class year, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, enrollment status (e.g., undergraduate or graduate, full-time, half-time, part-time), degrees, honors, awards received, and the most recent previous educational institution attended. Students may waive their right, and allow for sharing of information. Additionally students have the right to inspect any written records released pursuant to this consent (except parents' financial records and certain letters of recommendation for which the student waived inspection rights). Consent does not cover medical records held solely by Health Services or Counseling Services- contact those offices for consent forms.

I, hereby, deny appropriate officials or employees of Wilberforce University to discuss or provide access to my academic, financial, or disciplinary records with my parent/guardian.

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian E-mail Address: _____

Parent/Guardian Mailing Address: _____

I, hereby, grant authorization to:

_____ Name

_____ Address of Individual or Agency

_____ Address of Individual or Agency

_____ One Time Use: This authorization can be used only once.

_____ Limited Use: This authorization expires on _____

_____ Long Term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing or for a maximum of one year from the date on this form.

