

## Authorization To Release Educational Information and/or Records

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Name of Student Releasing Information: \_\_\_\_\_

Student's ID Number: \_\_\_\_\_

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Name of Institution and/or Individuals Given **Authority to** Disclose Information:  
\_\_\_\_\_Name of Institution and/or Individuals Given Consent to **Receive** Disclosed Information:  
\_\_\_\_\_What Information is Being Requested to be Disclosed?  
\_\_\_\_\_  
\_\_\_\_\_What is the Purpose of the Disclosure?  
\_\_\_\_\_  
\_\_\_\_\_

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This consent is subject to revocation at any time, except to the extent that action has been taken in reliance hereon, and if not earlier revoked, this consent shall terminate one year from the date noted by the student's signature at the bottom of this form.

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I have carefully read and I understand the above. I consent to the release of the above specified information or records to those persons or institutions listed. I further release the Vice President for Student Affairs, Associate Vice President for Student Affairs & Dean of Students, Western Oregon University, and its agents and employees from any liabilities arising from the release of this information or records to such designated persons or agencies.

I understand that the requester may not further use or disclose the information or record unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

\_\_\_\_\_  
Signature of Student\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Parent/Conservator/Guardian (if under 18 years of age)\_\_\_\_\_  
Date