



Business Office 2016-2017 FERPA Form for Student Consent to Release Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of a student's education records. Educational records include student account and financial aid information which are considered confidential and will not be released without written consent from the student. In accordance with FERPA, it is necessary for the Office of Financial Aid and Scholarships and the Office of Business Affairs at Western Oregon University to obtain written consent from the student in order to release any financial aid or student account information to a third party.

This form does not authorize anyone other than the student to direct changes on their account; including agreements involving account payment arrangements.

Confidential Status established by the student through the WOU Registrar's Office overrides all release requests on file with the Student Accounts Office and the Office of Financial Aid and Scholarships. No information will be released while a student's registrar record is marked Confidential, regardless of this signed release on file.

Student's Name: _____ **WOU V#** _____

This consent is valid from July 1, 2016 to June 30, 2017 and may be rescinded prior to June 30, 2017 only by written consent of the student.

I authorize the release of the following information (select all that apply):

Release of Student Account Information

I hereby grant the WOU Business Office to release any information regarding my WOU student account to those I provide my password to and waive my right to confidentiality of my WOU student account. I understand that this authorizes the release of all student account information during the 2016-2017 academic year. I understand to revoke this release I must submit a request in writing to the WOU Business Office.

I hereby grant the WOU Business Office to release any information regarding my student athletic insurance.

A password must be created to give access to any individual seeking student account information.

Student Password (12 character limit with letters/numbers only): _____

I understand that this release expires at the end of the academic year and covers all transactions from any date on my student files. I also understand that it is my responsibility to protect my password and provide it only to individuals that I wish to have access to my billing information.

Student's Signature: _____ **Date:** _____

Please return completed form to:

Administration Building Room 101 • Business Office • 345 Monmouth Ave N • Monmouth, OR 97361 • 503-838-8201