

**Western Carolina University  
Division of Student Affairs  
Consent to Release Confidential Information**

**Student:** \_\_\_\_\_

**WCU ID:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act (FERPA), University policy prohibits the release, to third parties, of information contained in a student's educational records without the expressed written consent of the student. The individual listed above requests, and authorizes, that a designated University official discuss and/or review his/her records as indicated below. In signing this document, the aforementioned individual acknowledges understanding of the Consent to Release Confidential Information and releases Western Carolina University (WCU), WCU departments and/or units, and WCU employees from any responsibilities for misappropriation of the released information.

As the person requesting a release of information, my signature above serves as authorization that an authorized University official may release my educational records based upon the following information:

Person to Whom Information may be Disclosed:	Relationship to Person Listed Above:	Is this Person an Attorney (Yes or No)?	Is this Person an Advisor for a Conduct Matter (Yes or No)?	Disclosure Type (Full or Partial)?	University Official to Whom Information may be Disclosed (Any or Specific Name):
		Yes No	Yes No	Full Partial	
		Yes No	Yes No	Full Partial	
		Yes No	Yes No	Full Partial	

\* If any of the above named people are licensed attorneys, a separate Notice of Licensed Attorney or Non-Attorney Advocate Form must be completed prior to any release of information.

\*\* If any of the above named people are acting as a student's Advisor in a conduct matter, a separate Notice of Licensed Attorney or Non-Attorney Advocate Form must be completed prior to any release of information.

\*\*\* A student must select either a full or a partial release of information.

\*\*\*\* A student must indicate if s/he is allowing any authorized University official or designating a specific University official to release information.

All Consent to Release Confidential Information forms must be sent to a designated University official. The designated University official must complete the information below for this document to be considered valid for the release of information. Nothing in the Consent shall be interpreted to require the University to provide, discuss, review, etc. education records to/with any party other than the student. This document can be signed in-person or electronically per University Policy 128.

**University Official (print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_