

**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):

\* 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 completed, and signed in-person with a designated University official. The witness must complete the information below for this document to be considered valid for the release of information. If a student cannot be present to complete the document (i.e. distant student, break periods, etc.) the form must be completed and legally notarized. Notarized documents may be submitted via fax (828-227-7036).

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.

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

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

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