William Woods University
Federal Educational Rights and Privacy Act (FERPA)
Release of Information Authorization Form

In accordance with the Federal Guidelines for distribution of Personal Information, I hereby authorize WWU to release my student record information to third parties as specified below.

Student Name:_____
Last First MI

Student ID Number: _____ SSN _____

(The inclusion of your social security number on this application confirms your SSN for the 1098-T tax information.)

Financial:

I authorize WWU Student Financial Services Office to release financial aid and billing information to the following individuals:

List names of persons authorized to have access to my financial files:

Name	Relationship to student
_____	_____
_____	_____
_____	_____
_____	_____

Academics:

I authorize WWU Academic Dean's Office, Registrar's and faculty to release academic information to the following individuals:

___ Check here if authorized persons are the same as listed above.

List names of persons authorized to have access to my academic files:

Name	Relationship to student
_____	_____
_____	_____
_____	_____
_____	_____

Student Signature:_____ Date:_____

Return this form to

WWU Student Financial Services One University Avenue Fulton MO 65251

Fax: 573-592-1180