



Authorization for Release of Information

Western Washington University is committed to safeguarding appropriate access to student education records as well as maintaining individual student privacy. Specific procedures describing policy aligned with the Family Education Rights and Privacy Act of 1974 (FERPA) are contained in Appendix E of the university catalog.

By signing this form, I provide permission for _____, faculty at Western Washington University, to provide a written or verbal assessment of my academic and professional performance.

Student Signature Student Number Date

Information may be released to:

Name of individual or institution Purpose*

Name of individual or institution Purpose*

Name of individual or institution Purpose*

*(i.e. internships, employment, graduate school)