



**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
PERMISSION TO RELEASE EDUCATION RECORD INFORMATION**

Washburn University Business Office
205 Morgan Hall
1700 SW College Ave.
Topeka, KS 66621

(785) 670-1156 - Office
(785) 670-1054 - Fax

I, _____, WIN# _____, do

hereby authorize Washburn University and/or its employees to release to :

Names of individual(s) to whom records/information should be released Relationship to student

Address: Street City State Zip

Student educational records and/or information related to _____

(Description of records and/or information to be released or disclosed to recipient, e.g. financial, taxes)

I acknowledge that I may revoke this "Permission to Release Education Record Information" **in writing** at any time by sending such authorization to the Washburn University Business Office.

This permission is valid until _____ (expected date of graduation)
Month/Year
or until otherwise revoked.

Student Signature

Date

(Print Name)

THIS AUTHORIZATION PERTAINS ONLY TO STUDENT ACCOUNT INQUIRIES.
Requests for information maintained by other offices (i.e. University Registrar, Office of Financial Aid, Housing, etc., are not covered by this authorization.)