



AUTHORIZATION TO RELEASE INFORMATION

The Family Educational Rights and Privacy Act of 1974 (FERPA) protects the privacy of individual students by placing certain restrictions on the disclosure of information contained in a student's university records. In order for the Business Office to honor a verbal or written request for information by anyone other than the individual student, a signed authorization must be on file.

Therefore; I _____, ID# _____
give my FULL consent to the Willamette University Business Office to release information to:

_____,
NAME RELATIONSHIP TO STUDENT

_____,
NAME RELATIONSHIP TO STUDENT

I understand that this pertains to information regarding ALL of the following: ACCOUNTS RECEIVABLE (itemized charges and credits); FINANCIAL AID (itemized charges, credits, and refunds); HEALTH SERVICES (summarized charges and insurance credits); HOUSING (charges, credits, and itemized damage charges); REGISTRATION (number of credit hours, hours added, dropped, or withdrawn).

ADDITION OF DUPLICATE MAILING ADDRESS

Please add the following mailing address:

STREET _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE () _____

I understand that this mailing address applies ONLY to correspondence sent by the Business Office. **I also understand that it is my responsibility to modify this form if the above address should change.**

I UNDERSTAND IT WILL BE NECESSARY TO SEND A WRITTEN REQUEST TO REVOKE THIS AUTHORIZATION.

Student Signature _____ Date _____

Return completed form to the Student Accounts Office: 1st Floor, Waller Hall
Or mail to: Willamette University, Attn: Student Accounts, 900 State Street, Salem OR 97301