

WASHINGTON AND LEE
UNIVERSITY

**Authorization for School Officials to Release
Academic Information About Former Student**

Student's W&L ID # _____ Student Name _____
(IF KNOWN) PLEASE PRINT

Washington and Lee University upholds the protection of student education records in accordance with the Family Educational Rights and Privacy Act of 1974, as amended (FERPA). **Other than directory information and the release of records for the use of W&L school officials with a legitimate educational interest, Washington and Lee will generally disclose student education records only with the written consent of the student.** Exceptions in certain situations, where the University retains discretion under FERPA or is authorized under any superseding law to disclose such records without consent, are outlined at www.wlu.edu/general-counsel/code-of-policies/confidentiality-and-information-security/ferpa.

Note: The policy, procedure, and forms for transcript requests is at go.wlu.edu/transcripts.

To: _____
INDIVIDUAL OR OFFICE

I have read the foregoing explanation and I hereby give my consent for Washington and Lee University to discuss information from my education records with (name and contact information):

If this is for a recommendation, I hereby waive do not waive my right of access to review this information in the future.

By signing this form, you are giving your permission for academic personnel at W&L (faculty, deans, etc.) to discuss information contained in your education record with others you designate.

Student Signature _____ Date _____

Student contact information:

email address _____ phone _____

Send this form to the individual or office you designated above.