



PURPOSE: As a parent, guardian or student, you have the right to give permission or not give permission for the release of your child's records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless release of records is allowed under one of the exceptions under the rules implementing the Family Education Rights and Privacy Act, FERPA, (for example, transfer of records from one school district to another).

AUTHORIZATION FOR RELEASE OF RECORDS

Student name: _____

Date: _____

I hereby authorize the release of records:

From: _____

To:

Central Washington University
CWU Alumni Association
Scholarship Committee
400 East University Way
Ellensburg, WA 98926

Street Address

City, State, Zip

Describe the records to be disclosed:

Student's name, CWU ID #, admit term, information collected from FAFSA including federal EFC and federal need, high school and/or transfer school names, GPA from high school and/or college, academic standing, major, residency, if student is a CWU employee, and other information necessary to determine qualifications to receive scholarship funds.

The reason for disclosing the record(s) is:

To aid the scholarship committee in selecting qualified applicants to receive scholarship funds.

I understand that this information obtained will be treated in a confidential manner by the scholarship committee under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances.

This authorization is valid through the 2022 – 2023 Scholarship Central award process period.

I understand that my consent for the release of records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

Parent/guardian/adult student Signature

Date