

Wake Forest University
Graduate Schools of Arts and Sciences
Authorization to Release Education Records

NOTICE & INSTRUCTIONS: The Family Educational Rights and Privacy Act of 1974 (FERPA), protects personally identifiable information in student education records from disclosure without the student's signed, written consent unless such consent is not required by law. Students are not required to authorize disclosure of information from their education records. This authorization form will allow officials at the *Wake Forest University Graduate Schools of Arts and Sciences* to release information specified by you to individuals/organizations identified by you on the form when written authorization is required. Please fill in all of the blanks and check the boxes that apply. Print and sign your name and include the date you sign the authorization form. Return the form to the department that has the information you would like the University to release.

I, _____ [Printed Name of Student], hereby voluntarily authorize *Wake Forest University Graduate Schools of Arts and Sciences* officials to disclose personally identifiable information from the following categories to the *Graduate Honors Program*:

- | | |
|---|---|
| <input type="checkbox"/> Application Materials (Test scores, transcripts, etc.) | <input type="checkbox"/> Health or Safety Information |
| <input type="checkbox"/> Application Status & Decision | <input type="checkbox"/> Academic Status and Progress Toward Degree |
| <input type="checkbox"/> Financial Records and Account Balances | <input type="checkbox"/> University services (e.g. Housing) |
| <input type="checkbox"/> Registration and Enrollment Information | <input type="checkbox"/> Picture/Videos |
| <input type="checkbox"/> Disciplinary Record | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Immigration Record | |

I also give the *Graduate Honors Program* permission to share this information with the following parties:

- ☐ Family Member(s)
- ☐ Research and Educational Institution(s)
- ☐ Employer/Prospective Employer(s)
- ☐ Public or Media (scholarships, honors or awards)
- ☐ Other (please specify) _____

I understand that this authorization will remain in effect from the date it is signed until revoked by me, in writing, and delivered to the *Graduate Honors Program* identified above.

Student Name (Please Print) & Birthdate

_____ & _____

Student Signature & Signature Date

_____ & _____