

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 <https://www.wlu.edu/general-counsel/code-of-policies/confidentiality-and-information-security/ferpa>.

Note: The policy, procedure, and forms for transcript requests are 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's contact information:

email address: _____ phone: _____

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