WILMINGTON
UNIVERSITY

Office of the Registrar
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New Castle DE 19720
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Request to Disclose Education Records

It is the policy of Wilmington University, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold disclosure of personally identifiable information from educational records unless the student has consented to disclosure or FERPA allows disclosure. For more detailed information, please consult the Catalog.

By signing this form, you give consent to disclose your educational records to your parent(s), legal guardian(s), or other designated person(s). The purpose of the consent is to allow Wilmington University to release educational record(s) or information contained in your educational records to your designated person(s). Such information includes course schedules, reports of concern, grades, disciplinary records, transcripts, content in the student folder and student account information. This does not include your WebCampus account or your username and password. You may revoke this consent at any time by notifying the Registrar's Office.

Check the box(es) below and write the appropriate name(s) to indicate your consent for Wilmington University to disclose educational information to your parent(s), legal guardian(s), or other designated person(s).

☐ Mother Name _____

☐ Father Name _____

☐ Legal Guardian Name _____

☐ Other (specify) Name _____

Check the box below if you do not authorize Wilmington University to disclose educational information.

☐ Do not release my educational information.

Please complete the information below and sign.

Student's Name _____ ID# _____

Signature _____Date _____