



WILMINGTON UNIVERSITY

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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 myWilmU account or your username and password. **You may revoke this consent at any time by filling out another FERPA form with the parent(s), legal guardian(s), or other designated person(s) that you would like to revoke. Check the box-do not release my educational information, sign and date.**

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 (Please print) _____
- Father Name (Please print) _____
- Legal Guardian Name (Please print) _____
- Other (specify) Name (Please print) _____

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

- Do not release my educational information to the above person(s).

Student's Name (Please print) _____ ID# _____

Signature _____ Date _____