



In compliance with the Department of Education’s Family Educational Rights and Privacy Act (FERPA), Weber State University is prohibited from providing certain information from a student’s educational record to a third party (e.g. parent, spouse, etc) without the student’s explicit written consent. This release form serves as a written consent enabling our students to designate a third party to gain access to specific information. If the student wishes to revoke the authorization, he/she must provide a signed written statement (Section F of this form) to the Registrar’s Office.

Additionally, to protect the student’s information from unauthorized individuals, Weber State University requires the student to provide a unique identifier that will allow the designated third party to access information and services over the telephone. The unique *identifier* should be something that is easily remembered, but something that is confidentially shared between the student and the third party. This *identifier* will remain valid unless authorization is revoked or if a new request is received.

Please provide a copy of this form to the third party designee and submit the original to Weber State University’s Registrar’s Office, 1102 University Circle, Ogden UT 84408-1102 or fax to 801-626-6679. In order to receive services, the third party designee will need to present a copy of the form in person, in writing, or use the *designee identifier* via telephone.

<b>Section A. WSU Student Information</b>	
Name (last, first, middle initial)	W-Number
Current Mailing Address (street, apartment number, city state, and ZIP code)	Daytime Phone Number (    )
<b>Section B. Third Party Designee (e.g. parent, spouse, etc)</b>	
Name (last, first, middle initial)	
Address (street, apartment number, city state, and ZIP code)	Daytime Phone Number (    )
Relation to Student	E-mail Address
<b>Section C. Designee Identifier</b>	
If the identifier is forgotten, Weber State University will require the student to submit this form with a new identifier. This is designed to protect our student’s personal information from unauthorized access.	Identifier (6-20 characters)
<b>Section D. Authorization to Access</b>	
<input type="checkbox"/>	All Admission Records (including: application information, residency, and any other documentation contained in the admissions records).
<input type="checkbox"/>	All Student Records maintained by the Registrar’s Office (including: transcripts, registration information, schedule information, academic standing, and any other documentation contained in the academic records).
<input type="checkbox"/>	All Financial Aid Records maintained by the Financial Aid Office.
<input type="checkbox"/>	All Scholarship Records maintained by the Scholarship Office.
<b>Section E. Certification</b>	
By signing and submitting this request, the student certifies that he/she is granting Weber State University permission to release information designated in Section D to the designated party listed in Section B.	
Student’s Signature	Date
<b>Section F. Revocation</b>	
I hereby revoke the above third party, named in section B, access to the above indicated student record and/or account information.	
Student’s Signature	Date