

**WAYNE STATE UNIVERSITY**  
AUTHORIZATION TO RELEASE RECORDS

**Mail/Fax to:** Records and Registration Office  
5057 Woodward, Fifth Floor  
Detroit, MI 48202  
Phone: 313-577-3541  
Fax: 313-577-0945

**Drop Off:** Student Service Center Lobby  
Welcome Center  
42 W. Warren  
Detroit, MI 48202  
Phone: 313-577-2100

<b>ID</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>DOB</b>
-----------	------------------	-------------------	------------

I authorize Wayne State University to release information related to my educational records, including financial information and information regarding my academic performance, tuition and fees, schedules, and living arrangements to:

<b>Legal Name of Person</b>	<b>Complete Address</b>
<u>JACQUELINE WILSON</u>	_____

**Relationship (check one)**

Mother(M)       Father(F)       Guardian (U)  
 Spouse/Partner(P)       Employer       Other (specify) Advocate

for the purpose of assisting me with regard to my educational progress.

---

I understand that I have the right to not give consent to the release of my educational records, that I have the right to receive a copy of these records upon request, and that this consent shall remain in effect until revoked by me, in writing, and delivered to the Wayne State University Office of the Registrar. Any revocation shall not affect disclosures previously made by Wayne State University prior to the receipt of my written revocation.

I acknowledge that this information is released subject to the confidentiality provisions of the Family Educational Rights and Privacy Act (FERPA) and other applicable federal and state laws and regulations, which prohibit disclosure of educational information without the specific written consent of the individual to whom it pertains, or as otherwise permitted.

<b>Signature X</b>	<b>Date</b>
--------------------	-------------

---

**Signature of Parent or Guardian**  
(required if student is under 18)

---