Westminster College Federal Educational Rights and Privacy Act (FERPA) Release of Information Authorization Form

In accordance with Federal Guidelines for Distribution of Personal Information, I hereby authorize Westminster College to release my student record information to third parties as specified below.

Student Name:			
Last	First	MI	
Student ID Number:			

Financial:

I authorize Westminster College Financial Aid Office and Business Office to release **financial aid and billing information** to the following individuals:

List names of persons authorized to have access to my financial files:

Name

Relationship to student

Academics:

I authorize Westminster College Academic Dean's Office, Registrar's Office and faculty to release **academic information** to the following individuals:

Check here if authorized persons are the same as listed above.

List names of persons authorized to have access to my academic files:

	Name		Relationship to student
Student Signature: _		 Date:	

Return this form to:Westminster College · Office of Financial Aid · 501 Westminster Ave. · Fulton, MO 65251
Phone. 800-475-3361 or 573-592-5364 · Fax. 573-592-5255