



CONSENT TO RELEASE INFORMATION FROM EDUCATIONAL RECORD FOR:

Student's Name (First, Middle, Last)

Westmont Student ID#

INFORMATION TO BE RELEASED:

In accordance with the college's policy on the Family Educational Rights and Privacy Act of 1974, I provide this written authorization for the release of information from my educational records as provided below. I understand that the individuals I've authorized will be required to verify their identity by providing the last four digits of their Social Security Number. I also understand that I may revoke this authorization at any time by signing and returning the revocation form below to the office(s) maintaining the requested records.

MY EDUCATIONAL RECORD INFORMATION FROM THE OFFICES LISTED BELOW MAY BE RELEASED TO:

Name (First, Middle, Last)

Last four digits of
Soc. Sec. Number

Name (First, Middle, Last)

Last four digits of
Soc. Sec. Number

PURPOSE OF DISCLOSURE (why do you want the information released to those listed above? Examples: to assist in planning courses for an academic term; to allow my Student Life situation to be discussed)

THE FOLLOWING OFFICE(S) MAY RELEASE INFORMATION FROM MY EDUCATIONAL RECORD TO THE INDIVIDUAL(S) NAMED ABOVE:

- ☐ *Records Office*: for information such as grades, enrollment status, courses, transcript
- ☐ *Student Life*: for information such as student care or conduct records, other Student Life information. Does not include Counseling and Psychological Services (CAPS) or Health Center records
- ☐ *Office of Disability Services*: for information such as disability and accessibility information
- ☐ *Other Office*: _____

Student's Signature

_____/_____/_____
Month Day Year

*For release of information forms for the Financial Aid or the Business Office, please contact those offices directly.

REVOCATION:

☐ By checking the box and signing below, I revoke this authorization. I understand that my information will no longer be provided to the individual(s) named above.

Student's Signature

_____/_____/_____
Month Day Year

Return this form to the office for which release of information authorization is granted. Contact Student Life with questions:

stulife@westmont.edu 805.565.6028

Westmont College, 955 La Paz Road, Santa Barbara, CA 93108.

Last Updated: July 1, 2019