



**Iowa Wesleyan University**  
**Student Consent for Release of Non-Directory Information**

The Iowa Wesleyan University Records Policy, in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), requires the written consent of the student authorizing the disclosure of non-directory information from his or her record. The authorization must include: the specific information to be released; the party or class of parties to whom the information is to be released; the purpose of the release; the date; and the student's signature.

Please complete the following form and return it to the student development office.

PHOTO ID IS REQUIRED. Students must present photo ID when submitting this form in-person, or provide a copy of photo ID when submitting the form via mail, fax, or email.

**1. Student Contact Information**

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Email \_\_\_\_\_ Current Phone \_\_\_\_\_

**2. Type of Release (Check one):**

One-time only release of student records

Release of student records until revoked by me in writing and delivered to IW.

I wish to revoke the current release of information I have on record for the following person/institution (skip sections 3-5 and fill in section 6 and sign section 7 on back)

**3. Student Records to be Released (check all that apply):**

Enrollment Records- registration, and/or enrollment information

Billing Account Information- billing statements, charges, payments and/or balances

Financial Aid Information- aid awards, disbursements, eligibility, and/or status

Grades- final term grades/GPA (note: does not include official transcripts).

Student Course Schedule- current term schedule

Housing and Student Development- dorm life

All of the Above

Other- Please specify: \_\_\_\_\_

(Continue on Other Side)



**4. Release Records to (specify person (s) or institution (s)):**

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**5. Reason for Release of Records:**

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**6. Student Signature:**

I understand that the information specified on this form is being released to a third party at my request, with the understanding that this party will not release it to any other parties. Iowa Wesleyan University is hereby released from all legal responsibility or liability for the release of the above-referenced information.

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Student Signature

Date

Iowa Wesleyan University is required to keep original signed consent forms.  
Students are advised to keep a copy of his form with their records.

Office Use Only:

Name \_\_\_\_\_ Dept \_\_\_\_\_ Date \_\_\_\_\_

Note: By signing this you are confirming that you have verified photo ID. After entering the release information in CAMs, send this form to the Registrar's Office for permanent retention.