



# Student Waiver to authorize release of Academic & Financial Information

I hereby authorize the release of my academic and financial records during my enrollment to my parent(s) and/or legal guardians(s) under the conditions of the Family Educational Rights and Privacy Act of 1974. I am aware that the Student Waiver is in effect from the date submitted on this form with my signature. Changes or permission for disclosure must be made in writing to the Office of the Registrar.

Student Name: \_\_\_\_\_

Student ID # or Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number (with area code): \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\* Please return this completed form to: Office of the Registrar  
Wheeling Jesuit University  
316 Washington Ave.  
Wheeling WV 26003

Fax: (304) 243-2349