

Document Release Form

Student Name: _____ 9-digit WSU Student #: _____

I, the undersigned, authorize Wayne State University to release copies of records and information relating to financial aid, to:

(Name and Address of Person/Agency to Receive Information)

for the purpose of monitoring education progress, and: _____

I understand that (1) I have the right not to consent to the release of my education records and (2) I have the right to receive a copy of such records upon request.

Student's Signature Date Phone Number

Signature of Parent or Guardian (If student is under 18) Date Alternate Phone Number

Forms and copies can be mailed or picked up at the front counter. Please indicate how you would like to receive your documents:

- Mail Pickup

Documents Requested:

- Verification Worksheet
 Tax Documents
 Special Circumstance Documents
 Citizenship Documents
 Marriage, Birth, or Death Certificates

Other: _____

Please note there may be up to a five (5) day turnaround time on all requests. If you checked pickup, you will be notified by phone when your documents are ready to be picked up.

This information is released subject to the confidentiality provisions of the Family Education Rights Privacy Act (FERPA) and other appropriate state and federal laws and regulations which prohibit disclosure of educational information without the specific written consent of the person to whom it pertains, or is otherwise permitted.

Return this form to: Office of Student Financial Aid, Wayne State University, 42 W. Warren Ave. Detroit, MI 48202

For Office Use Only		
Date Processed _____	<input type="checkbox"/> Pickup <input type="checkbox"/> Mail	Staff Initials _____

