Authorization to Release Financial Information

The Family Educational Rights and Privacy Act of 1974 (FERPA) governs the release of records maintained by an institution of higher education and access to student records, including requests for information from parents, guardians, spouses, or others. Generally, Willamette University may not disclose information from a student’s educational records without the student’s written consent. Students who wish to release information must complete this authorization form providing a release to the University to disclose information as described below.

Student ID ______________________________   ______________________________

Student Last Name                         Student First Name

Single Use: ☐   Continuous: ☐

Purpose of Release: _________________________________________________________________
(i.e. providing access to parents, reimbursement from employer, etc.)

__________________________________________________, ______________________________
Name of Person or Entity    Relationship to Student

__________________________________________________, ______________________________
Name of Person or Entity    Relationship to Student

I hereby grant authorization to Willamette University to release my student financial information to the parties listed on this form. I understand that this pertains to information regarding the following items included on my student account statement:

- Accounts receivable - Includes itemized tuition and fee balances, all other University charges/credits, and refunds.
- Financial Aid – Includes itemized scholarships, grants, and loans.
- Health Services – Includes summarized health center charges, insurance premium charges, and insurance credits.
- Housing – Includes housing and meal plan charges, credits, and itemized damage charges.
- Registration – Includes information on the number of credit hours, hours added, dropped, or withdrawn.

I understand that unless marked for single use, this release is effective until revoked by me, either in person or by signed request to the Student Accounts Office.

Student Signature ____________________________ Date __________________

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Return completed form to the Student Accounts Office: 1st Floor, Waller Hall
Or mail to: Willamette University, Attn: Student Accounts, 900 State Street, Salem OR 97301