



PARENT/GUARDIAN REQUEST FOR RELEASE OF STUDENT INFORMATION OF DEPENDENT STUDENT

Office of the Registrar
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937) 775-5588
FAX: (937) 775-5597
e-mail: registrar@wright.edu
http://www.wright.edu/registrar

I am requesting the following information of: (please print)

Name of Student _____ UID # _____ Date _____

Please indicate by initialing below all information you are requesting:

Form with checkboxes for: All information contained in above named student's file except academic transcripts, Grades only (Registrar), Academic test results (College Office), Letters of recommendation, Disciplinary Records (Student Judicial Services), Performance evaluation(s) (Career Services), Other

This information may be transmitted by mail or in person. A new authorization form must be completed for each request made. Furthermore, I understand that this authorization may be withdrawn at any time in writing except to the extent that action has been taken.

I have claimed and will continue to claim the above student, who has received at least one-half of his or her support from me during the current taxable year, as a dependent pursuant to Section 152, Title 26, U.S. Code. I have provided a copy of my most recent Federal Income Tax form, which shows the above named student as my dependent. I have provided photo identification for myself.

This form may be used to obtain only educational records as defined by FERPA. Medical, psychological and police records are not educational records according to FERPA: therefore, this form cannot be used to obtain records in the following offices: Student Health Services, Psychological Services or Wright State Police Department.

Signature of requesting individual, Typed or printed name, Relationship to student, Requestor's address, Phone

Notary Certification required unless form is presented in person at the Office of the Registrar.

State of: _____ County of: _____

Before me, a Notary Public, in and for the said state, personally appeared _____ Print Name

who acknowledged the signing thereof to be his/her voluntary act and deed for the uses and purposes therein.

Sworn to me and signed in my presence this _____ day of _____, 20____.

Affix notary Seal

Notary Signature _____ Print Name or stamp _____ My Commission expires _____.

OFFICE USE ONLY: Campus Forwarding, Staff Initials, Date Processed