



RaiderConnect
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Wright State University
Student Authorization for Release of Information
Not to be used to request an official transcript

Submit both this form **and** a copy of your photo identification to RaiderConnect.

I, the below identified person, do hereby release the following records and/or information described below

Print Name

UID

Records for which you authorize release:

___ Current Semester Course Schedule

___ Billing/Payment Information

___ Grades

___ Other (please specify):

Person, Organization, or Agency to whom Wright State University may release your records:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

As required by the Family Educational Rights and Privacy Act of 1974, as Amended (FERPA), by my signature I hereby authorize Wright State University to furnish the university records that I have defined on this form to the 3rd party I have identified above. This authorization shall remain in force until such time as I submit to RaiderConnect a written and signed notification rescinding my permission to release the records noted.

Signature of Student

Date

OFFICE USE ONLY

Campus Forwarding

Photo ID Rec'd

Staff Initials

Date Processed