

The University of West Alabama
Consent Form for Release of Educational Records

This is to verify that I, _____, give
(Print Name)

permission for the Registrar's Office or an appropriate University official, including a faculty member or academic administrator, to release to/ discuss with my parents/guardian/spouse, upon their written request, information concerning my educational records, including grades and academic status, at the University of West Alabama. Listed below are the individuals who have my permission to obtain my educational information:

	<u>Name</u>	<u>Relationship</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Signature of Student Student Identification # Date

Submit this signed form to the Office of the Registrar, Webb Hall 321, Station 4, The University of West Alabama, Livingston, Alabama 35470.