



**AUTHORIZATION FOR RELEASE OF ACADEMIC INFORMATION**

I waive my rights under the 1974 Family Education Rights and Privacy Act and authorize that the faculty, administrators, and staff of Western State College of Colorado have my permission to access my academic records and discuss my academic progress with my parents and/or other designated person listed below. This includes all academically-related content issues, including, but not limited to: class attendance, class participation, and academic records (i.e. grades, transcripts, and schedule).

This waiver form is valid for the period of my admission to Western State College of Colorado through my graduation from the college unless otherwise revoked.

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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Individual to whom academic information can be released

Please send a copy of my grades to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_