Document Release Form

Student Name: ______________________ 9-digit WSU Student #: __ __ __ __ __ __ __ __

I, the undersigned, authorize Wayne State University to release copies of records and information relating to financial aid, to:

______________________________________________________________
(Name and Address of Person/Agency to Receive Information)

for the purpose of monitoring education progress, and:

_____________________________________________________________________________________

I understand that (1) I have the right not to consent to the release of my education records and (2) I have the right to receive a copy of such records upon request.

Student’s Signature __________________________ Date __________ Phone Number __________

Signature of Parent or Guardian (If student is under 18) __________________________ Date __________ Alternate Phone Number __________

Forms and copies can be mailed or picked up at the front counter. Please indicate how you would like to receive your documents:

☐ Mail ☐ Pickup

Documents Requested:

☐ Verification Worksheet
☐ Tax Documents
☐ Special Circumstance Documents
☐ Citizenship Documents
☐ Marriage, Birth, or Death Certificates
☐ Other: ________________________________

________________________________________________________
________________________________________________________
________________________________________________________

Please note there may be up to a five (5) day turnaround time on all requests. If you checked pickup, you will be notified by phone when your documents are ready to be picked up.

This information is released subject to the confidentiality provisions of the Family Education Rights Privacy Act (FERPA) and other appropriate state and federal laws and regulations which prohibit disclosure of educational information without the specific written consent of the person to whom it pertains, or is otherwise permitted.

Return this form to: Office of Student Financial Aid, Wayne State University, 42 W. Warren Ave. Detroit, MI 48202

For Office Use Only

Date Processed __________________________ ☐ Pickup ☐ Mail Staff Initials __________________________