

## **Authorization for Release of Information**

Western Washington University is committed to safeguarding appropriate access to student education records as well as maintaining individual student privacy. Specific procedures describing policy aligned with the Family Education Rights and Privacy Act of 1974 (FERPA) are shown [here](#). Additional information for parents as pertains to FERPA can be seen [here](#).

By signing this form, I provide permission to the individuals listed below to access my financial information as it pertains to the use of my VA educational benefits.

Printed Student Name

Student ID Number

Student Signature

Date

Information may be released to:

Name of individual or institution

Additional Name of individual

Additional Name of individual

Purpose\*

Purpose\*

Purpose\*