CENTRAL WASHINGTON UNIVERSITY

RELEASE OF INFORMATION

I, _____, give Central Washington
(Print name)
University permission to discuss my files pertaining to:
(Initial each that apply)

____Financial Aid – File status, award types and amounts, disbursement status
Contact: Financial Aid (509) 963-1611
____Disciplinary – Intervention, disciplinary status
Contact: Student Affairs (509) 963-1515
____Billing – Student financial information (tuition, housing, fees, payments)
Contact: Student Financial Services (509) 963-3546
____Academic/Grades – Academic status, grades*
(*Grade information is never released over the telephone)
Contact: Student Affairs (509) 963-1515
____All of the Above

with _____.
Print Name(s)

_____
Signature of Student DOB Date

This release is in effect from _____to_____.

Signed in the presence of:_____
Central Washington University Designee/Staff *

***If not signed in the presence of a CWU employee, this form MUST be witnessed by a Notary Public.**

Return to: CWU Office of SAEM or Bouillon Hall, Rm. 204
400 E University Way
Ellensburg, WA 98926-7432

CWU Office Use Only
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Anecdotal: time period, release to name(s), information to be released.

_____Operator _____Date
Codes: FA = Financial Aid, SA = Disciplinary, SFS = Billing, SR = Student Records