CENTRAL WASHINGTON UNIVERSITY

RELEASE OF INFORMATION

CWU ID # _____

I, _____, give Central Washington
(**Print** your 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
Contact: Registrar Services (509) 963-3001

____**All of the Above**

with _____
Print all Name(s) (usually parents' names)

X_____
Signature of Student **Date of Birth** **Date**

This release of information is valid from _____ to _____.
(month /year) (month/year)
(A new release of information must be signed, when the end date has passed.)

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

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

Return to: Central Washington University
Office of Student Life/Student Affairs
Bouillon Hall, Rm. 204
400 East University Way
Ellensburg, WA 98926-7432

09-2010