



Office of the Registrar
202 Thompson Center • 601 S Martin Luther King Jr. Drive
Winston-Salem, North Carolina 27110
Phone: 336-750-3330 • Fax: 336-750-3332

RELEASE OF ACADEMIC/DISCIPLINARY INFORMATION

I, _____ (Banner ID _____),
authorize Winston-Salem State University to release the information designated below in
accordance with the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), as
amended, to the individual or entity named below, solely for the purposes indicated:

Type of Information to be Disclosed:

- Transcript
- Disciplinary Records
- Recommendations for Employment or Admission to Other Schools
- All Records
- Other (Specify) _____

Sole Purpose for Information to be Released:

- Family Communications about University Experience
- Employment
- Admission to an Educational Institution
- Professional Certification or Licensure
- Other (Specify) _____

Individual or Entity to Receive Information:

Name: _____

Relationship: _____

Address: _____

I understand this information may be released orally or as copies of written records. I understand I have the right to inspect any written records released pursuant to this Release (except for parents' financial records and certain letters of recommendation for which I have waived my inspection rights). I understand I may revoke this Release prospectively.

Student's Signature & Date

Notary's Signature & Date
Notary Seal