



Banacos Academic Center
Student Accessibility Services
sas@westfield.ma.edu
Learning Disabilities Program
ldp@westfield.ma.edu
Banacos Advisor: _____

Consent to Release Information

Student's Name: _____ **UWID:** _____

TRiO Advisor: _____

It is Westfield State University's policy to keep student records confidential. Banacos Academic Center staff will not disclose any information other than "directory information" about students to people outside the University unless the student has given written consent or in certain other cases permitted by law and University policy. The Family Educational Rights and Privacy Act (FERPA) regulations, as revised in 1996, sets out requirements designed to afford students' rights with respect to their educational records. In addition, it puts limits on what information the University can disclose without having received prior consent.

Within the University, and in accordance with FERPA and University Policy, employees may share educational records among each other that are educationally necessary to share. To better work with you, TRiO asks that you ease this process by consenting to grant Banacos Academic Center staff the right to disclose educational records and other communications to TRiO staff by completing and signing this consent form. You have the right to revoke this consent at any time in writing.

I consent that the following information be released to the people listed below:

____ All records	____ Confirmation of registration status with Banacos
____ Confirmation of my disability	____ Nature of disability
____ Grades and academic standing	____ Documentation Information
____ Accommodation Information	____ Other (specify) _____

I waive my right of confidentiality to the following person(s):

Program: TRiO Student Support Services Program at Westfield State University
Main Number: 413-572-5561.

Persons with consent: TRiO Director and all TRiO advisors.

Relationship: Student is a participant in the TRiO Student Support Services Program.

Signature: _____ **Date:** _____

I, _____, revoke my waiver of confidentiality.

Signature: _____ **Date:** _____