

## SPONSORED STUDENT CONSENT FOR RELEASE INFORMATION THIRD PARTY SPONSOR

Name:	EWU ID:		
Date of Birth	Eagles Email		
		Act of 1974 (FERPA), Eastern Washington ag the disclosure of non-directory information rd.	
Reason for Release: Studer	nt/Financial Sponsorship or Exchan	ige	
student record must be provided include any or all of the following,	d to my sponsor or home university by Eas	nderstand and agree that information related to my tern Washington University. Records released may requirements: I hereby authorize Eastern Washington   information to   from	
Sponsor/home university_			
	(e.g. SACM, Lotus, IREX, Fulbright or full name		
Student ID with sponsor of	or home university:	code that identifies you with the sponsor or home university)	
	(unique number or	code that identifies you with the sponsor or home university)	
The documents/informati	ion to be released or requested m	ay include any or all of the following:	
class schedules, grad registration, course o		es, admission and registration information, eprogress status, residency information, information, and/or any other	
due for tuition and f library fines, delinqu	tudent Account Records, including billing statements, charges, payments and/or balances, amount use for tuition and fees, refund information, records holds information as it relates to parking ticket brary fines, delinquent accounts, financial aid (awards, disbursements, eligibility, and/or status), and/or any other documentation contained in the student account records)		
dropping below 12 of	ords (records include: SEVIS violations such as status violations, failure to enroll, 2 credits (bachelor students) or 10 credits (masters students), unauthorized fer information and any other information contained in SEVIS records		
1 ,	• Disciplinary Records if deemed necessary for the health and safety of the student, the Eastern Washington University community, or sponsor reputation		
Health insurance inf	formation and waiver eligibility		
organization or home university to specified on this form is being relea	o facilitate the fulfillment of my scholarship ased to my sponsoring organization or hom	ay be automatically released to my sponsoring or requirements I understand that the information we university at my request; Eastern Washington release of the above information to my home university	
This authorization will remain	in in effect for six (6) years or until 1	revoked in writing.	
Student Signature (physical :	signature required)	Date	