

**RUNNING START**

**INFORMATION FROM EDUCATIONAL RECORDS**

**(DISCLOSURE AND CONSENT)**

The Federal Educational Rights and Privacy Act (FERPA) restricts disclosure of educational records.

I consent to the disclosure of my educational records by Washington State University Tri-Cities, which contains information pertaining to my enrollment in University courses and my academic progress in those courses as provided in this consent.

Information may be disclosed to my parents or guardians and appropriate high school and school district officials for the following purposes:

* To inform them of the potential costs associated with enrollment in University courses when they may be financially responsible.
* To inform them of my progress towards high school graduation (Information could include; grades, student account information, fees, payments, and academic record information, etc.)

**Print Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High School**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This release will be on file the entire length of time you are a WSU Tri-Cities Running Start student. Please notify our office **in writing** if you would like to revoke disclosure to any of the parties listed above.

RUNNING START

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