



**Western  
University**  
OF HEALTH SCIENCES

*The discipline of learning. The art of caring.*

**Office of the Registrar**  
309 E. Second Street  
Pomona, CA 91766  
**Telephone:** 909-469-5491  
**Fax:** 909-469-5425  
**E-mail:** [registrar@westernu.edu](mailto:registrar@westernu.edu)

## Student Information Release Form

I grant permission to the staff of Western University of Health Sciences to release information as indicated:

- Financial issues including, but not limited to, account charges, account balance, and financial aid.
- Academic information including, but not limited to, current and future enrollment status, academic history, academic standing, cumulative grade point average, time and/or location of classes, and grades.
- Specific request (please provide details of information to be released):
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I grant permission to the person(s) listed below to receive the information noted above from Western University of Health Sciences:

_____	_____
Name (Please Print)	Relationship to Student
_____	_____
Current Address	Telephone
_____	
City, State, & Zip Code	

This form will be honored by Western University of Health Sciences until rescinded in writing by the student. This means that if the student experience life changes such as divorce, parental issues, etc. it REMAINS the student's obligation to inform the Office of the Registrar in WRITING to rescind this form to prevent student data being released to the individuals listed above. **Please note that confidential student information will not be released over the telephone.**

_____	_____/_____
Student Name (Please Print)	Student ID Number/Program & Grad Year
_____	_____
Student Signature	Date