

**Winebrenner Theological Seminary
Information Release Form**

DIRECTORY INFORMATION:

Please print legibly:

Name _____

Street Address _____

City, State, Zip _____

Phone _____ Email _____

In accordance with the *Family Educational Rights and Privacy Act of 1974* (FERPA), as amended, Winebrenner Theological Seminary (WTS) is restricted from releasing student information to third parties, with the exception of directory information (name, address, phone, email address, and program) which may be disclosed without the student's knowledge. **If a student wishes such directory information to be withheld from the student directory, it is their responsibility to notify WTS in writing of their wish to opt out of inclusion.**

STUDENT DATA:

The information that follows is requested for institutional records which are used to compile statistical reports for our accrediting bodies and the Department of Education. This data is shared in aggregate form without associated students' names, although you have the right to leave any area blank.

Ethnic Origin: Nonresident Alien Hispanic/Latino American Indian/Alaska Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander Two or more races

Marital Status: Engaged Single Married Widowed Separated Divorced Remarried

Spouse's Name (if applicable): _____

On occasion, WTS receives specific requests for personal information regarding a student's financial account, academic progress such as your anticipated date of completion, or other sensitive data such as that requested in the Student Data box above. Students **MUST** complete the following regarding access to such information by third parties:

I do not authorize WTS to release personal information of any nature to **ANY** third party.

OR

Information may be released to parties specified below (for instance: Denomination/Region, Church, Spouse and/or Other Family Members, Employer, Pastor/Mentor). WTS assumes any information may be released to parties listed unless otherwise noted. Attach a separate sheet if necessary.

I understand that this information will remain in effect permanently. Furthermore, I understand it is my responsibility to notify WTS if a change occurs regarding this Information Release Form.

Student's Signature _____ Date _____

****To be valid, this form must include your handwritten signature. It may be faxed (419-434-4267), submitted in hard copy (950 N. Main St., Findlay, OH, 45840), or emailed to academicdept@winebrenner.edu as a scanned .pdf file. Students are not permitted to register for classes until this form has been submitted.**