



Student Information Release Authorization Form

Family Educational Rights and Privacy Act (FERPA) of 1974 Authorization
The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. WCCCD cannot disclose non-directory information from your records to a third party (including family members) without your written consent.

This form allows you to authorize the release of specified information to individuals you designate, and the authorization is valid for a one-time discussion.

Name: _____
FIRST MIDDLE INITIAL LAST

Student ID / A#: _____ Date of Birth: _____

Phone: _____ Email Address: _____@stu.wcccd.edu

Address: _____
STREET CITY STATE ZIP

INFORMATION TO BE RELEASED (Check all that apply)

This release pertains to information regarding ANY or ALL the following:

- Academic Records (Registration, Grades, Transcripts, Degree Audit, Academic Standing)
- Financial Aid Records (Award Status, Disbursement, Satisfactory Academic Progress, Eligibility)
- Finance / Billing Records (Account Balance, Tuition Charges)
- Other (Please specify): _____

DESIGNATED INDIVIDUAL

I give my consent to WCCCD to release the information specified above to the following disclosures. Picture identification is required, and disclosures in writing will be sent to the address listed:

Third-party Name: _____ Relationship to Student: _____

Phone: _____ Email Address: _____

Address: _____
STREET CITY STATE ZIP

By signing below, I authorize Wayne County Community College District (WCCCD) to release the information I have selected above to the designated individuals for a one-time discussion. I understand I may revoke this authorization in writing at any time.

STUDENT'S SIGNATURE*

DATE

**For electronic form: By typing your name in the form field above, you acknowledge this text serves as your signature.*

FOR OFFICE USE ONLY:

Received by: _____ Date: _____ Checked Student ID: _____

To submit this form electronically: Use Adobe Acrobat Reader to complete this form electronically. Download Adobe Acrobat Reader get.adobe.com/reader/ 1.) Complete form 2.) Save completed form 3.) Attach completed form and photo of picture identification to email, then send to: **studentservices@wcccd.edu**