
This form must be filled out by the student only if they would like WCC to release information about their admission to someone on their behalf. Without written consent admission information will not be provided to anyone other than the student.

Student's Name: _____ Birth Date: _____

Student WCC ID#: _____ Email: _____

I authorize WCC to release information regarding the status of my admission application to my personal representative named below:

Name: _____ Relationship to Student: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

I certify that the information I have provided on this document is correct and complete. I will notify the Office of Admissions/International at WCC in writing of any changes in the information provided.

Signature of Applicant

Date

Mail this completed form to the address below or email directly to admissions@wccnet.edu from the email address provided when creating your online application account.