Release of Information Form

Washtenaw Community College - Office of Student Records

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designated to protect the privacy of educational records, to establish the rights of students to inspect and review the educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. WCC's procedures for complying with the provisions of this act can be found at wccnet.edu/start-now/apply/ferpa.

In accordance with FERPA, the College can only discuss your academic/financial information with you, the student, unless you provide written consent below for this information to be shared with another person or entity.

By completing and signing this form, you authorize Washtenaw Community College (WCC) to discuss the information listed below with designated individual(s). Your signature permits college personnel to disclose the records you have authorized. **This authorization will remain in effect until you submit written notice to the Welcome Center to revoke your consent.**

Name: _____ Student ID: @00 _____

STUDENT AUTHORIZATION (Check and initial all that apply)**:**

☐ _____ **All Financial Aid Records** (records including but not limited to: status of file, amounts of financial aid awarded and disbursed, Satisfactory Academic Progress status, income information, or any other information contained in the financial aid file).

☐ _____ **All Academic/Transcript Records** (records including but not limited to: transcripts, registration and schedule information, residency information, Satisfactory Academic Progress status, assessment test scores, and any other documentation contained in the academic records).

☐ _____ **All Student Finance Records** (records including but not limited to: nature of, amounts due, payments received and sources of payment for all student account charges; sources of, balances due and payments made to students relative to refunds, grants, scholarships, loans, and sponsors; all account payment plans; all financial holds on student accounts and records, including those related to student account balances due and/or in collection and financial aid adjustments).

☐ **RELEASE INFORMATION TO:** ☐ **CANCEL RELEASE TO:**

CREATE A 4 DIGIT PIN ___ ___ ___ ___

Your designee(s) will need to know the PIN you create in order for us to release your information.

_____ _____

FULL NAME (FIRST, MI, LAST) *RELATIONSHIP TO STUDENT*

_____ _____

FULL NAME (FIRST, MI, LAST) *RELATIONSHIP TO STUDENT*

_____ _____

FULL NAME (FIRST, MI, LAST) *RELATIONSHIP TO STUDENT*

SIGNATURE: _____ **DATE:** _____

SIGNATURE *DATE*

Submit to the Welcome Center:

- **Online:**
  - WCC Student Gateway → *Upload My Documents* tile → Welcome Center & Student Records → FERPA - Release of Information
- **In Person:**
  - 2nd floor of the Student Center Building