



AUTHORIZATION TO RELEASE INFORMATION

The Family Educational Rights and Privacy Act (FERPA) protects students confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. Student records, academic transcripts of the college, post-secondary transcripts, high school transcripts, and other documents maintained as part of the student's permanent file are maintained in the Office of Admissions and Records and the Financial Aid Office. By signing this form, you agree that Wayne Community College personnel may provide information from your education records as indicated below.

Name of Student _____ Student ID# _____

I, the undersigned, authorize Wayne Community College to release my student records and any information contained therein:

To (Name and Address of Person/Agency to Receive Information):

I understand and acknowledge that: (1) I have the right not to consent to the release of my education records; (2) this consent shall remain in effect for up to one calendar year from the receipt of this form with all requests expiring on July 31st of each calendar year or prior if revoked by me, in writing, and delivered to Wayne Community College, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation; and (3) as of August 1st of each calendar year a new authorization for release must be submitted for further release of my education needs.

Student's Signature _____ Date _____

OFFICE USE ONLY _____

ID type: _____ Verified by: _____

Date: _____ STRK entered: _____