



WASHTENAW COMMUNITY COLLEGE
RELEASE OF INFORMATION FORM

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 on the web at www.wccnet.edu/about-us/ferpa. In accordance with FERPA, the College may not discuss your academic and/or financial information with your parents, spouse, or guardian.

By completing and signing this form, you authorize WCC to discuss your information with your designee (parent, spouse, partner, relative, guardian, etc.). You should give great consideration to this before choosing to exercise this option and submitting this form. By signing this form, College personnel may disclose any information pertaining to your records that you have authorized. **This authorization will remain in effect until you submit written notice terminating this consent to WCC Student Connection.**

STUDENT NAME (Please Print) _____

WCC ID _____

STUDENT AUTHORIZATION: (Check all that apply)

I have read this document and fully understand its contents. I agree to release all information initialed below.

Initials 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).

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

Initials 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

FULL NAME (FIRST, MI, LAST)

RELATIONSHIP TO STUDENT

- 1. _____
- 2. _____
- 3. _____

- _____
- _____
- _____

**PIN NUMBER
(only one PIN
number required)**

Print Name

Student Signature

Date

Submit this form in person at the Student Connection. If you are unable to submit this form in person you must have your signature notarized and mail this form to the address listed below.

Washtenaw Community College-Student Connection
4800 E. Huron River Dr., Ann Arbor, MI 48105
Phone: 734-973-3543/Fax: 734-973-3368/Email: studrec@wccnet.edu

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____

Checked Student ID