

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 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 Student Connection.**

Your designee will need to know the PIN that you create in order for us to release your information indicated below.

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 ONE 4
DIGIT PIN _____

_____	RELATIONSHIP TO STUDENT
<small>FULL NAME (FIRST, MI, LAST)</small>	<small>RELATIONSHIP TO STUDENT</small>
_____	RELATIONSHIP TO STUDENT
<small>FULL NAME (FIRST, MI, LAST)</small>	<small>RELATIONSHIP TO STUDENT</small>
_____	RELATIONSHIP TO STUDENT
<small>FULL NAME (FIRST, MI, LAST)</small>	<small>RELATIONSHIP TO STUDENT</small>

SIGNATURE: _____ DATE: _____
SIGNATURE DATE

OFFICE USE ONLY

RECEIVED BY: _____

DATE: _____

CHECKED
STUDENT ID

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 to:

Washtenaw Community College
Student Connection
4800 E. Huron River Drive
Ann Arbor, MI 48105