

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS
STUDENT SERVICES

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, WNC will not disclose non-directory information from a student's education records without the written consent of the student.

I give permission for WNC student services and business office staff, including Admissions and Records, Counseling Services, Disability Support Services, and Financial Aid, at Western Nevada College to disclose any information about my educational records, including information on my WNC transcript and/or transcripts/diplomas in my file from other institutions, grades, GPA, class and schedule information, degree/certificate progress, educational goals, etc. to:

(individual(s), agency, school, etc.)

for the following purpose: Assistance with college Employment Other: _____

I understand that by signing this authorization, I waive my rights of nondisclosure of these records under federal law to the person(s) or agency/school listed.

Print Name

Student ID or social security number

Signature

Date

If submitted to Admissions and Records identification must be presented with this request. If this request is mailed, faxed, or submitted by a third party, a copy of a student driver's license, state ID card, or military ID card must be submitted with this consent form.

Identification of the person authorized to receive student information may be required when information is requested.

Office use only:

Student's ID submitted: _____ Staff Initials: _____ Date: _____

Notes _____

6/2/10