

AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

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 _____
name of WNC employee or department
to disclose the following information about my educational records:

to: _____
(individual(s), agency, school, etc.)

for the following purpose: _____

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 _____