** Authorization to Release or Withhold Information**

Please return your completed form to the office of Admissions & Records

(Hanceville or Oneonta) or via email at **admissions@wallacestate.edu**

***\*Note\**** A scanned picture ID must accompany your request

This form serves as student consent for records to be released to whom the individual(s) indicated below. This form may also be used to opt out of directory information disclosure. Exceptions may include those with legitimate educational interest, such as financial aid, Board of Trustees, auditors and the court system.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

**Please Read:**

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Wallace State Community College to disclose the information specified below to the following individual(s) or agency(‘s):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The consent shall be valid throughout the student’s enrollment at Wallace State Community College, and thereafter, but may be modified or rescinded by the student. The recipient or the student’s information (as named on lines above) agree that they shall not disclose the specified information to third parties without the consent or authorization of the student.

**Information to be Released:**

[ ]  All of my student records

[ ]  Academic Records

[ ]  Financial Aid Records

[ ]  Disciplinary Records

[ ]  Other, Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Please DO NOT release my Directory Information\* to anyone other than those defined as having a legitimate educational interest.

I have read and understand the contents of this consent form pertaining to the family Educational Rights and Privacy Act of 1974.

For Admissions Office Use Only:

Processed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Processed Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Directory Information includes: name, address, telephone listing, email address, date/place of birth, major field of student, dates of attendance, enrollment status, class standing, degrees, honors, awards, most recent educational institution attended.