



Wallace Community College

Wallace Campus at Dothan, Sparks Campus at Eufaula

Student Information Release Authorization

In compliance with the federal Family Educational Rights and Privacy Act of 1974 and WCC's Policy on Access to and Release of Student Education Records, the College is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, or work-study) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the College permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The College does not automatically send information to a third party.

Submit your completed form to the Office of Enrollment Services on the Wallace Campus in Dothan or the Student Services Office on the Sparks Campus in Eufaula. Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by written request. This form allows third parties to access student record information from any Wallace Community College campus. NOTE: For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record. However, it is College policy not to release certain aspects of student records (e.g., registration, grades, GPA) over the phone or via email.

This information release authorization is intended for use only by the offices listed below:

A. Student Information

Name _____
(Last, First, Middle)

Student ID Number _____

Address _____
(Street/PO, APT, City, State, Zip)

Daytime Phone _____

B. Third Party Designee

Name _____
(Last, First, Middle)

Address _____
(Street/PO, APT, City, State, Zip)

Daytime Phone _____

Relation to Student _____

C. Information Types Allowed (CHECK ONE OR MORE OF THE BOXES ABOVE TO GRANT AUTHORIZATION)

Grades/GPA, demographic, registration, student ID number, academic progress status, and/or enrollment information

Billing statements, charges, credits, payments, past due amounts, and/or collection activity

Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress

Access to student records maintained by the Office of Enrollment Services and the Business Office, including all of the above examples

Other _____

D. Certification

Student Signature _____ Date _____

If you require any special accommodations under ADA, please let us know.

Fall 2016