



Consent for Release of Information · FERPA Release Form

Student Development · PO Box 4305 · 902 Herring Ave · Wilson, NC 27893
Office: F-100 · Phone (252) 246-1281 · Fax (252) 246-1384

Student Name (Please Print)

Student I.D. Number

Date of Birth (mm/dd/yyyy)

SS/ITIN #

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Wilson Community college to release the information specified below to the following individual(s) or agency(ies):

Name:

Phone:

Name:

Phone:

Name:

Phone:

Check the box(es) below to indicate which records you wish to make available:

- All Financial Aid Records (records such as, but not limited to: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).
All Academic/Transcript Records (records such as, but not limited to: transcripts, admission and registration information, schedule documentation contained in the academic records)
All Student Account Records (records such as, but not limited to: amount for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records.
Instructor/Classroom Records (records such as, but not limited to: attendance, progress reports, and test and homework scores if available. Please note: FERPA pertains to the release of records. Instructors are not required to have conversations about progress with anyone other than the student).
All College Records
Letter of Reference (I request that _____ serve as a reference for me.) (Name(s) of Faculty, Staff, organization, or group of individuals such as "Wilson Community College")
Other (Please Specify) _____
Please Note: Records for Counseling and services for Students with Disabilities are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Student Development.

Student Signature

Date

Upon completion, please submit this form to the office of Student Development located in F-100. Please be prepared to present a valid photo ID at time of submission.