## WALLACE COMMUNITY COLLEGE SELMA OFFICE OF FINANCIAL AID



## **Permission to Release Student Information**

Student Last Name	First Name	M.I.
Student's ID Number		Date of Birth
Phone Number (include area code	e) Alternate or	Cell Phone Number
THE FAMILY EDU	CATION RIGHTS AND PRIVACY	ACT (FERPA):
hold the rights to authorize Wallace parties. In other words, you hold the not release your records for that cour parents—without your written permi of FERPA guidelines. If you are 17	and Privacy Act (FERPA), if you regis Community College Selma to release y FERPA rights for that course (regardle rise or any other of your academic record ission. WCCS Catalog/Student Handboor younger, your parent or guardian must they have read and understand this FEI	your student records to third ess of your age), and we may rds to anyone—including your pok for a complete description ust read the statement above
Parent Signature	Date (mm/de	d/yyyy)
PERMISSION T	TO RELEASE MY STUDENT INFO	RMATION
	viduals to whom the College may releat Permission to release information about provide full name)	
Parents(s)/Guardian(s)/Stepparent(s)	)/Spouse:	
High School Counselor/Principal/Ot	her(s):	
I understand that this authorization v	will remain in effect until revoked in w	riting.
Student Signature		Date