

Authorization for Release of Student Information

Student First and Last Name: _____ ctLink ID: _____

Student Email Address: _____ Student Phone: _____

Request to Disclose Additional Information/Request for Non-Disclosure

In compliance with the federal Family Educational Rights and Privacy Act (FERPA), Whatcom Community College limits the amount and type of information shared with people other than the student. By submitting this form, the Entry & Enrollment Services (EES) office maintains a list of individuals whom the student has granted access to their student record. The student must include the specific names of whom they authorize. For example, names of family members, scholarship providers or funding agencies, employers, etc. The EES staff will release the student's information in person after the requestor provides proper identification (state issued picture ID), or to the specific email address listed. **Also, this form could be used to indicate that no information can be released to anyone at any time.** The student must submit this request in person to Orca Central or emailed to Records@whatcom.edu. Email must be from the student's WCC Student Email, or from the email listed on the student's record in ctLink.

YES, I AUTHORIZE THE RELEASE OF INFORMATION IN MY STUDENT RECORD:

VIA EMAIL _____ IN PERSON (AFTER CHECKING PICTURE ID)
(Authorized recipient email address)

Person you are authorizing: _____ Relationship to you: _____

Person you are authorizing: _____ Relationship to you: _____

Select the information are you authorizing us to release (Please check at least one):

All Class Schedule Address and Phone Financial Records Correspondence

Transcript info Placement info Class attendance info Current grades

Other (please specify): _____

I DO NOT WISH ANY INFORMATION IN MY STUDENT RECORD TO BE RELEASED TO ANYONE.

This means that your information will not be released or provided to anyone, including, but not limited to: The National Student Clearinghouse, military organizations requesting information under the Solomon Amendment of FERPA, or any materials related to commencement/graduation. This non-release will remain in effect until you make a written request to change/update it.

By signing this release, you understand and confirm that your student information may be disclosed to the person(s) listed above. This release is in effect until _____

(Date)

Today's Date: _____ Student Signature: _____