

Name of Student (Last, First, Middle Initial): (PLEASE PRINT) _____	Student ID: _____	Date: _____
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The Family Educational Rights and Privacy Act (FERPA) affords all students certain rights regarding educational records. Other than information defined as directory information (see WC Student Handbook), a student’s academic record is treated confidentially and will not be released to a third party without the written consent of the student. Students may choose to complete and submit this form to the Registrar allowing the release of their education records to specified third parties. Please note that while this form authorizes Weatherford College to release education records to third parties, it does not obligate Weatherford College to do so. Weatherford College reserves the right to review and respond to requests for release of education records on a case-by-case basis. Students cannot be denied any educational services from Weatherford College if they refuse to provide consent. For additional information, visit the U.S. Department of Education’s website at <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

<b>SECTION A Education records to be released (check all that apply):</b>
<input type="checkbox"/> <b>Academic Information</b> (academic transcript, admission and registration information, assessment test scores, student ID number, academic progress, enrollment status, residency information, and any other documentation contained in the academic records) <input type="checkbox"/> <b>Student Account Information</b> (billing statements, charges, credits, payments, past due amounts, collection activity, records hold information relating to parking tickets, library fines and other accounts receivable information in student account records) <input type="checkbox"/> <b>All Records Listed Above</b> <input type="checkbox"/> <b>Other</b> (please specify): _____ <p align="center"><i>**This consent does not cover financial aid records or records held by the Counseling Center.**</i></p>

<b>SECTION B Person(s) to whom access to education records may be provided:</b>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 65%;">Name of person to whom access to records may be provided</td> <td style="border-bottom: 1px solid black; width: 35%;">Relationship to Student</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name of person to whom access to records may be provided</td> <td style="border-bottom: 1px solid black;">Relationship to Student</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name of person to whom access to records may be provided</td> <td style="border-bottom: 1px solid black;">Relationship to Student</td> </tr> </table>	Name of person to whom access to records may be provided	Relationship to Student	Name of person to whom access to records may be provided	Relationship to Student	Name of person to whom access to records may be provided	Relationship to Student
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<b>SECTION C Duration of release (check ONE):</b>
<input type="checkbox"/> <b>One-Time Use:</b> This authorization can be used only once. <input type="checkbox"/> <b>Limited Use:</b> This authorization expires on: _____

<b>SECTION D Purpose of release (check ONE):</b>				
<input type="checkbox"/> <b>Family Communications</b> <input type="checkbox"/> <b>Employment</b> <input type="checkbox"/> <b>Admission to an Educational Institution</b> <input type="checkbox"/> <b>Other</b> (please specify): _____				
<p>I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Weatherford College Registrar.</p>				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Student’s Signature</td> <td style="width:10%; border-bottom: 1px solid black;">(Date)</td> <td style="width:50%; border-bottom: 1px solid black;">Signature of Parent or Guardian (if under 18)</td> <td style="width:10%; border-bottom: 1px solid black;">(Date)</td> </tr> </table>	Student’s Signature	(Date)	Signature of Parent or Guardian (if under 18)	(Date)
Student’s Signature	(Date)	Signature of Parent or Guardian (if under 18)	(Date)	

This form must be fully complete and signed by the student in the presence of a WC representative. A photo ID is required to verify authenticity of this release. Records cannot be released if any Section of this form is not filled out entirely. FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records.  
*This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. 04 22 2014*