



Eastern Wyoming College Authorization to Release Information/Records

Mail: Student Services
Eastern Wyoming College
3200 West C Street
Torrington, WY 82240
Fax: 307-532-8222

The Family Educational Rights and Privacy Act (FERPA) prohibits an educational institution from releasing confidential, non-directory information about a student without his/her consent. Students can waive this right for a third party, including a parent, guardian, or spouse, to have access to this information by completing written authorization, such as this form.

PLEASE NOTE: *Students are not required to complete or submit this form. EWC provides this form for the convenience of our students only. Releasing any information is THE STUDENT'S decision based on his/her needs.*

STUDENT INFORMATION

FULL LEGAL NAME: Last

First

M.I.

EWC Student ID Number

Address (include apartment number)

Social Security Number (Last 4 digits)

City, State, Zip

Phone Number (Include area code)

AUTHORIZATION

I hereby authorize Eastern Wyoming College and/or its employees to release confidential information such as grades, academic progress reports, financial aid, disciplinary actions, and financial account information to the person(s)/ agency(ies) listed herein. This authorization shall be considered as a waiver of any and all my rights and/or privileges as provided under the FERPA, as amended.

I understand that my confidential information will only be released upon receipt of a request for specific information and that I may cancel this Authorization at any time.

I authorize the following to be released (*check all that apply*):

- Business Office** *Includes student account information such as billing information, amounts due, sources of payment, refund information and any other accounts receivable information*
- Financial Aid Office** *Includes file status, award and disbursement information, Satisfactory Academic Progress status, income information, and any other information in the financial aid file*
- Admissions/Records** *Includes application status, assessment scores, transcripts, registration/ info, grades, attendance, Academic Progress status, residency information, and any other documentation in academic record*
- Student Affairs** *Includes disciplinary records, academic dishonesty, conduct or behavior records*
- All of the above**
- Other:** _____

Counseling and/or disability records are considered medical records and are not covered under FERPA rules. A separate release form must be obtained to release information from those records.

Persons to whom my information may be released:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CERTIFICATION AND SIGNATURE

By signing this form, I authorize EWC to release and disclose information from my education records as specified. This authorization remains in effect until I revoke it in writing or by completing the reverse side of this form.

Student Signature: _____ **Date:** _____

REVOCATION OF RELEASE OF INFORMATION

I, _____
(Last name, first name, date of birth and last four digits of SSN)

request that the access authorization as designated on the front of this form be revoked from the date the revocation is signed and received at EWC.

By signing this form, I hereby revoke any release of information or records previously authorized at EWC.

Student signature: _____ **Date:** _____