

**Consent to Release Educational Records
Per the Family Educational Rights and Privacy Act of 1974 (FERPA)**

I, _____, hereby voluntarily authorize officials in the Wharton County Junior College offices identified below to disclose personally identifiable information from my educational records. (Please check all boxes that apply.)

- Academic Advising and Counseling
- Admissions and Registration
- Business Office
- Financial Aid
- Student Success
- Other: _____

Specifically, I authorize disclosure of the following information or category of information. (Please check all that apply.)

- Academic Record / Grades / Transcripts / Honors Status
- Accounts Receivable / Billing / Installment Plans
- Disciplinary Actions
- Financial Aid / Scholarships
- Housing / Residency
- Photos
- All University Records
- Other: _____

This information may be released to:

Last Name (Current Legal)	First Name	Relationship to Student
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This is to attest that I am the student signing this form. 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 the department(s) identified above.

WCJC Student ID	Last Name (Current Legal)	First Name
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Student Signature (Original Signature Required)	Date
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Email completed form to registrar@wcjc.edu. Please remember to use your WCJC email for all correspondence with the college; non-WCJC email addresses may be blocked.

Office Use Only

Revised: 03/19/2020

Processed by: _____

Term Code: _____