

## **Consent to Release Educational Records**

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), by submitting this form, I hereby voluntarily authorize officials at Wharton County Junior College to disclose personally identifiable information from my educational records to the individual(s) identified below.

## **Background Information**

(https://cm.maxient.com/reportingform.php? WhartonCJC&layout_id=64&logout=true)
Your full name:
Student ID:
Your phone number:
Your email address:

## Specifically, I authorize disclosure of the following information or category of information. (Please check all that apply.) (Required) ☐ All College Records Academic Record / Grades / Transcripts / Honors Status ☐ Accounts Receivable / Billing / Installment Plans ☐ Disciplinary Actions / Record ☐ Financial Aid / Scholarships ☐ Housing / Residency Photos ☐ Other Other: This information may be released to: (state full legal name of person) (Required) Relationship to student: (Required) Student Signature. By signing my name below, I attest that I am the student completing and 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 Office of the Registrar. (Required)

Questions

