

## AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, WNC will not disclose non-directory information from a student's education records without the written consent of the student.

I give permission for \_\_\_\_\_  
name of WNC department

to disclose the following information about my educational records:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to: \_\_\_\_\_  
(individual(s), agency, school, etc.)

for the following purpose: \_\_\_\_\_

\_\_\_\_\_

I understand that by signing this authorization, I waive my rights of nondisclosure of these records under federal law to the person(s) or agency/school listed.

\_\_\_\_\_

Print Name

WNC Student ID or social security number

Phone number

\_\_\_\_\_

Signature

Date