

WAUKESHA COUNTY TECHNICAL COLLEGE

Authorization to Release Educational Record Information

Registration and Records
800 Main Street, Pewaukee, WI 53072
262.691.5578 (Phone)
262.691.5123 (Fax)
studentreg@wctc.edu

Name _____
Last First Middle Maiden

Telephone # (_____) _____ Student ID _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

I hereby authorize Waukesha County Technical College of Wisconsin to disclose the following education records (check all that apply)

____ Academic record ____ Academic transcript ____ Course registration and enrollment
____ Tuition & fees ____ Financial aid ____ Behavior/Disciplinary Records
____ Other (specify) _____

Release information to:

Organization/institution/individual _____

Name or title of recipient _____

Address _____

City _____ State _____ Zip _____

____ Currently enrolled ____ Last enrolled _____
Year Major

Reason for release (required)

____ Application for employment ____ Admission to an institution ____ Financial aid agency
____ Parent ____ Shared programs
____ Letter of recommendation I waive the right to review this letter. (Please check)
____ Other (Please explain) _____

Student Signature _____ Date _____

By signing this, I understand that my education record is protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive my rights relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. This authorization will remain continuously in effect until I withdraw this authorization in writing.

For Processing: Return form to the Enrollment Center in person or to studentreg@wctc.edu **through your official WCTC email account ONLY**

For Office Use Only
Processing By:
Date:
Comments:



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