

WAUKESHA COUNTY TECHNICAL COLLEGE

Authorization to Release Educational Record Information

Registration and Records
800 Main Street, Pewaukee, WI 53072
262.691.5280 (Phone)
262.691.5123 (Fax)
records@wctc.edu

Name _____
Last First Middle Maiden

Telephone # (_____) _____ Student ID/Social Security # _____

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
 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 _____

The Family Educational Right and Privacy Act of 1974 ("FERPA") is federal legislation that protects students' **education records**. School officials must protect the privacy of education records and are not permitted to disclose personal identifiable information without consent.

Directions for Student

A separate Authorization of Academic Disclosure Form is required for any organization/institution/individual who may be called upon to disclose education records.

Directions to WCTC staff and faculty

An Authorization of Academic Disclosure Form, completed and signed by the student, must be in your possession before disclosing education records such as grades, attendance, or reference letter.

To revoke authorization or any questions regarding this policy should be directed to the Registrar's Office, Waukesha County Technical College (262.691.5266.)



WAUKESHA
COUNTY TECHNICAL
COLLEGE