

**WALLACE COMMUNITY COLLEGE SELMA  
OFFICE OF FINANCIAL AID**



**Permission to Release Student Information**

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Student Last Name

First Name

M.I.

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Student's ID Number

Date of Birth

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Phone Number (include area code)

Alternate or Cell Phone Number

**THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA):**

Under the Family Education Rights and Privacy Act (FERPA), if you register for a WCCS course, you hold the rights to authorize Wallace Community College Selma to release your student records to third parties. In other words, you hold the FERPA rights for that course (regardless of your age), and we may not release your records for that course or any other of your academic records to anyone—including your parents—without your written permission. WCCS Catalog/Student Handbook for a complete description of FERPA guidelines. If you are **17 or younger**, your parent or guardian must read the statement above and then sign below to indicate that they have read and understand this FERPA regulation.

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**Parent Signature**

**Date (mm/dd/yyyy)**

**PERMISSION TO RELEASE MY STUDENT INFORMATION**

Please provide the names of all individuals to whom the College may release information about your course progress or academic record. Permission to release information about my course progress or academic record is given to: (Please provide full name)

Parents(s)/Guardian(s)/Stepparent(s)/Spouse:

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High School Counselor/Principal/Other(s):

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I understand that this authorization will remain in effect until revoked in writing.

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**Student Signature**

**Date**