



STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS

Office of the Registrar, Office of Admission,
Office of Financial Aid, College Business Office

Name of Student (Last, First, Middle Initial):	Student ID:	Date: MM/DD/YY

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to their education record. Students may choose to complete and submit this form to the Office of the Registrar allowing the release of their education records to specified third parties. Please note while this form authorizes Williamson College of the Trades to release education records to third parties, it does not obligate Williamson to do so. Williamson reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Department of Education's website at www.ed.gov

SECTION A. Education records and/or information to be released (check all that apply)

- Academic Information** (grades, GPA, registration, Student ID number, academic progress, and enrollment status)
- Financial Aid Information** (awards, application, disbursement, eligibility, financial aid academic progress status)
- Student Account Information** (billing statements, payments, collection activity, billing and repayment history)

SECTION B. Person(s) to whom access to education records may be provided:

Name(s)/Agencies: _____

Address(es) of person(s)/agency to whom access to records may be provided: _____

Relationship to Student: _____

SECTION C. Duration of Release (check one)

- One-Time Use:** This authorization can be used only once.
- Limited Use:** This authorization expires on: _____
- Cancel All Previous Releases of Information**

SECTION D. Purpose of release (check one):

- Family Communications**
- Employment**
- Admission to an Education Institution**
- Other (Please specify):** _____

I understand that (1) I have the right not to consent to the release of my educational records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have a right to revoke this consent at any time by delivering a written notification to the Office of the Registrar.

Student Signature

Student Printed Name

Date (MM/DD/YY)

Instructions for completing this form: (1) The form must be fully completed by the student. Records cannot be released if any section of this form is not filled out entirely. (2) To revoke all previous releases of information complete the Name, ID, Date, Section C fields and the Signature sections. (3) Completed forms are submitted to the Office of the Registrar. Questions about this form may be directed to the Office of the Registrar at (610) 566-1776, ext. 236