

Name _____

Student ID#/Birthdate _____



Attn: Registrar's Office, 400 7th St N
 PO Box C-0908
 La Crosse, WI 54602-0908
 Phone 608-785-9553
 Fax 608-785-9148

RELEASE OF STUDENT INFORMATION FORM

You have certain rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) concerning your school records.

You have the right to privacy. Under the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), all other student information (excluding directory information) will be treated as confidential information and is subject to disclosure requirements. This means that student information (excluding directory information) may not be released to anyone without your written consent.

If you wish to allow your information to be released, please complete the following:

Pursuant to the Family Educational Rights and Privacy Act of 1974,

_____ **I hereby consent to the release by Western Technical College of the information concerning my student record and my financial information at Western.**

Parties to whom such records may be released
(Must be completed to be valid)

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

OR

_____ **I wish to revoke my previous request.**

Student Signature

Date