

AUTHORIZATION TO RELEASE EDUCATIONAL RECORD INFORMATION



In compliance with the Family Educational Rights and Privacy Act of 1974, Western Technical College is restricted from disclosing certain information from your student records. You may grant the college permission to release information from your student records by completing and signing this form.

Registration and Records
400 7th St N., PO Box C-0908
La Crosse, WI 54602-0908
PH: 608-785-9553 FAX: 608-785-9148

Student Name _____ **Student ID#** _____

Phone Number _____ **Date of Birth** _____

I hereby authorize Western Technical College to release the following:

- _____ Academic Records: Includes academic progress, admission test scores and/or enrollment information and course registration
- _____ Student Account Records: Includes billing charges, credits, payments, past due amounts and/or collection activity, and 1098T information
- _____ Financial Aid Records: Includes financial and application status, application date from FAFSA, eligibility and satisfactory academic progress (SAP)
- _____ Non-Academic Records: Includes Residence Hall status and student concerns
- _____ Veteran Education Benefits

Information may be released to the following person(s) or organizations:

| | |
|------|--------------|
| Name | Relationship |
| Name | Relationship |
| Name | Relationship |

By signing below, I consent that Western Technical College may disclose and discuss confidential information from my educational records with the individuals listed above. The information will not be further disclosed to another person or institution or used for any purpose other than that stated in this authorization. I also understand that I may revoke this consent at any time in writing to the Registrar's office.

Signature _____ Date _____

| |
|--|
| <p>_____ I wish to revoke my prior request.</p> <p>Signature _____ Date _____</p> |
|--|

Submission instructions: Please sign and submit your completed form in one of the following ways:

- In-person: Welcome Center (La Crosse Campus) or any Regional Location
- Email: send to Registration@westerntc.edu
- Fax: 608-785-9148