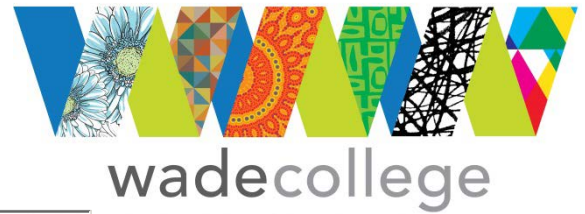


RELEASE OF INFORMATION REQUEST



Student's name:

I'm requesting that my:

Academics Only

Academics/Financial

Financial Only

Be released to the party or parties listed below. I am voluntarily making this request in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA). I, the student, give permission for Wade College to disclose the above information to my designee(s).

Party or parties name(s) and address (es):

Please provide Wade College with the following information so your request may be processed:

Social Security number

Date of birth

Current Street Address

Apt Number

City, State, and Zip Code

Current Phone Number

Current E-mail Address

Student's Signature

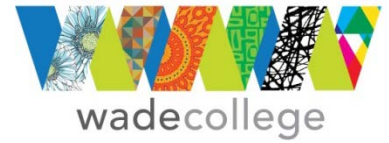
Date

Do not leave any portion of this form blank. It will only delay the fulfillment of your request.

This consent shall be valid throughout the student's enrollment at Wade College and thereafter, but may be modified or rescinded in writing by the student. The recipient of the information agrees that they shall not disclose the specified information to third parties without the student's authorization.

APPLICATION FOR ADMISSION

Post-AA Bachelor's Degree



Applicant's Full Legal Name

First (Given) Name Middle Name Last (Family) Name Preferred Name

Social Security Number (Required for U.S. residents) Driver's License State

Date of Birth / / Birthplace (City/State/Country) Male Female

Month Day Year

Permanent Home Address APT #

City/State Zip/Postal Code Country

Email Home Phone Work/Cell Phone

| | | | |
|---|--|--|--|
| <p>CITIZENSHIP</p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Permanent Resident (Copy of green card required) Alien Registration Number: _____</p> <p><input type="checkbox"/> Non-U.S. Citizen Country of citizenship _____</p> <p>Visa type _____</p> | <p>ETHNICITY please check all that apply (Optional – for research purposes only)</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> American Indian / Alaskan Native</p> <p><input type="checkbox"/> Black / Non-Hispanic</p> <p><input type="checkbox"/> Asian / Pacific Islander</p> <p><input type="checkbox"/> Native Hawaiian / Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Unknown</p> <p><i>Information does not affect admission decision.</i></p> | <p>WADE COLLEGE ASSOCIATE DEGREE</p> <p>Graduation Date: ____/____/____ Month Year</p> <p>Cumulative GPA: _____</p> <p>Concentration: _____</p> <p>PTK Member: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>ENROLLMENT TERM</p> <p><input type="checkbox"/> Fall (October) 20____</p> <p><input type="checkbox"/> Spring (February) 20____</p> <p><input type="checkbox"/> Summer (June) 20____</p> <p>Bachelor of Arts</p> <p><input type="checkbox"/> Fashion Design & Product Dev.</p> <p><input type="checkbox"/> Interior Design</p> <p>Bachelor of Science</p> <p><input type="checkbox"/> Merchandise Mktg. & Mgmt.</p> <p><input type="checkbox"/> Information Technology</p> |
|---|--|--|--|

**Note: All Wade College alumni who graduated after 2007 are required to submit copies of a professional portfolio containing a minimum of 12 samples of work. Alumni who graduated prior to 2007 may submit a professional resume and copies of portfolio work if available. Alumni who graduated prior to 2007 but have no professional work/internship experience must write a 500 – 600 word essay on a current topic relevant to the merchandise management concentration. All work submitted to Wade College is considered property of Wade College and will not be returned.*

Briefly describe any relevant work/internship experience

Previous College(s) Attended (Other than Wade College)

Did you earn a degree? Associate's Bachelor's No If so, what degree did you earn?

Father Mother Guardian Spouse

Name Email Phone

Address City/State/Zip

Do you need to apply for federal financial assistance? (For U.S. citizens and permanent residents only) Yes No
(New FAFSA form is available at www.fafsa.ed.gov . Wade College code is 010130.)

Are you eligible for Veteran's Education Benefits? Yes No

Housing: With Parents On own

If admitted, I agree to abide by the rules and regulations of Wade College. Furthermore, the information on this application is true to the best of my knowledge. I understand the material submitted with this application becomes the property of Wade College and will not be released to another party.

Signature of Applicant (To be signed in person) Date

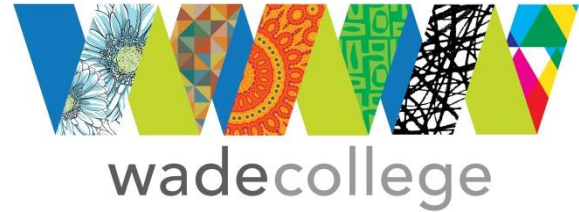
Month Day Year

SEND APPLICATION TO:
ADMISSIONS DEPARTMENT
WADE COLLEGE
1950 N Stemmons Frwy
Suite 4080 LB 562
DALLAS, TX 75207

FOR FURTHER INFORMATION, CONTACT:
ADMISSIONS DEPARTMENT
WADE COLLEGE
214-637-3530 | 800-624-4850
admissions@wadecollege.edu or
wadecollege.edu

| | |
|----------------------------------|--------------------------------------|
| OFFICE USE | Paid: _____ |
| Admissions Coordinator: _____ | <input type="checkbox"/> Cash |
| | <input type="checkbox"/> Check |
| | <input type="checkbox"/> Money Order |
| | <input type="checkbox"/> Credit Card |

News Release



Student Name:

(please include a recent photograph either print or digital)

Current Address:

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Email Address:** _____

By signing this release form, I authorize Wade College, to use the following personal information:

- 1.) My picture- Including photographic, motion picture, and electronic (video) images.
- 2.) My voice-including sound and video recordings.
- 3.) My success as a student including employers, internships, and jobs worked.

I hereby grant to Wade College, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic form, sound, printed and electronic copy of the information describe in sections 1, 2, and 3 in any and all media including, without limitation, cable and broadcast television and the Internet, distribution, promotion, advertising, meetings, educational conferences, social media, brochures, and in any other print/digital media. The permission extends to all languages, media, formats and markets now known or hereafter devise. The permission shall continue forever unless I revoke the permission in writing.

I acknowledge that I have read the foregoing and I fully understand the contents, and give Wade College permission to use my information.

Student Signature: _____

Date: _____

- I do not authorize Wade College to use the personal information as listed above.