



RELEASE OF INFORMATION REQUEST

Student's name:

I am requesting that my : Academic Only Academic/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This consent shall be valid throughout the student's enrollment at Wade College and thereafter, but may be modified or rescinded in writing by the student.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.