

WILEY COLLEGE

Unit of Student Records

711 Wiley Avenue - Marshall, Texas 75670 Phone: 903-927-3215 Fax: 1-800-382-0378

Student FERPA Release Form

Student's Name	W	Wiley ID#	
withhold personally identifiable information consented to disclosure or FERPA all disclosed to the public upon request. If	cordance with the Family Educational mation contained in our students' educations dows disclosure. Directory information However, private information, such as not be released without expressed con	ational records unless the student has , such as name and address, may be grades, class schedules, the student's	
I give permission for the following per	rson(s) to have access to my educationa	al records.	
Persons to whom information may be	released:		
Name:	Relationship:	Release to Cancel Release	
What identifiable word must this person	on know in order to release information	by phone?	
Name:	Relationship:	Release to Cancel Release	
What identifiable word must this person	on know in order to release information	by phone?	
Name:	Relationship:	Release to Cancel Release	
What identifiable word must this person	on know in order to release information	by phone?	
Please initial all that apply:			
All Financial Records in theAll Financial Aid InformatioAll Academic RecordsOther	Student Accounts Office n		
giving my consent to release the des	I understand that, although I am not rignated information to the person(s) revoke such consent in writing and the	named below. I understand that this	
Student's Signature:		Date:	
	s the student remains in continuous enrollment at t will be the responsibility of the student to notify the		
Return this completed form and documentation to t	he address above.		
SR: Student FERPA Release Form:LR	1/11-11 Revised		

Copy – Registrar's Office