

STUDENT REQUEST FOR RELEASE OF INFORMATION



*Please Print Legibly – Forms not completed with current/valid information will **NOT** be processed.*

**IMPORTANT INFORMATION:
PLEASE READ & SIGN AT THE BOTTOM**



Students Full Name: _____

CWC ID # or Social Security #: _____ Birth Date: ____ / ____ / ____

What are you requesting?

Acceptance Letter - Term: _____ Enrollment Verification Long-term Release

Specific records that may be released: [check all that apply – DO NOT write “everything”]

of Credit Hours Registered Class Schedule Registration Statement

Billing / Payment Information Grades GPA

Financial Aid Other: _____

To whom are you releasing records to:

Name: _____

Relationship to you:

Parent / Guardian Partner / Spouse Insurance

Financial Aid / Scholarship Other: _____

Address or fax if necessary:

Street or PO Box City State Zip

Fax: _____
(area code) --- / -----

Today's Date: [Required]

Date Release Expires: [Required]

Student Signature: [Required]

- **Today's Date** is recorded as date consent becomes effective and **Date Release Expires** is when the consent is no longer valid. This expiration date can be changed at any time by the student contacting the Records Office.
- **All requests MUST include Today's Date, Date Release Expires and Student's Signature.**

- Under the **Family Educational Rights and Privacy Act**, students must consent to release of his or her educational records before CWC can share their records.
- **FERPA** applies to students attending any educational program at Central Wyoming College. Students are granted rights under **FERPA** if they are currently attending CWC or have been in attendance, regardless whether in a credit, no-credit, degree or non-degree credit program, (including high school dual credit, GED & ESL).
- Examples:
 - Parent/Guardian/Partner or Spouse may need your class schedule to know when to reach you in case of emergency.
 - Parent/Guardian/Partner or Spouse may need access to your billing & payment information so that they can check balance & submit payment.
 - Financial Aid/Scholarships or Insurance may want an enrollment verification & # of credits registered to determine discount or payment.
 - Students requesting CWC Faculty or Employee to be a reference when seeking employment or asking for letters of recommendation.
 - Other Relationship: May be child care or day care provider/ employer/ friend or other family member.

Mail or fax completed form to:

Central Wyoming College - Records Office
2660 Peck Ave
Riverton, WY 82501

Fax: (307) 855-2092
Phone: (307) 855-2115