

Authorization for Release of Information (Electronic and Printable Form)

Request to Disclose Additional Information or Request for Non-Disclosure

In compliance with the Federal Family Educational Rights and Privacy Act (FERPA), Whatcom Community College limits the amount and type of information shared with people other than the student. By submitting this form, the Enrollment Services (ES) office maintains a list of individuals whom the student has granted access to their student record. The student must include the specific names of whom they authorize. For example, names of family members, scholarship providers or funding agencies, employers, etc. An ES staff will release the student's information in person after the requestor provides proper identification (state issued picture ID), or to the specific email address listed, or over the phone. Also, this form could be used to indicate that no information can be released to anyone at any time. The student must submit this request in person at Orca Central or emailed to Records@whatcom.edu. Email must be from the student's WCC Student Email, or from the email listed on the student's record in ctclink. A submitted form will be processed within 1 to 3 business days.

Student Information

Student First and Last Name: _____

ctclink Student ID number: _____

Email Address: _____

Phone Number: _____

Authorization Information

No, I do not wish any information in my student record to be released to anyone. Continue to page 2.

This means that your information will not be released or provided to anyone, including, but not limited to: The National Student Clearinghouse, military organizations requesting information under the Solomon Amendment of FERPA, or any materials related to commencement/graduation. This non-release will remain in effect until you make a written request to change/update it.

Yes, I authorize the release of my student record. ES staff can release the following information to the authorized person or organization below (check at least one):

All Class Schedule Address and Phone

Correspondence Transcript Information Placement Information

Current Grades Class Attendance Information Financial Records

Other (please specify): _____

I authorize the Person or Organization below to retrieve my student record(s) by (check at least one):

First and Last Name or Organization Name: _____

Relationship to the student: _____

Email Address: _____

Phone Number: _____

In Person (after checking photo ID)

I authorize the Person or Organization below to retrieve my student record(s) by (check at least one):

First and Last Name or Organization Name: _____

Relationship to the student: _____

Email Address: _____

Phone Number: _____

In Person (after checking photo ID)

By signing this release, you understand and confirm that your student information may be disclosed to the person(s) or organization(s) above, if applicable. Your authorization to release or not release your student information is in effect until this date _____.

Student Signature _____

Today's Date _____

Non-discrimination statement: Whatcom Community College does not discriminate on the basis of race, color, national origin, religion, sex, disability, honorably discharged veteran or military status, sexual orientation, gender identity, gender presentation, ancestry, ethnicity, family status, immigration status, citizenship, socioeconomic status, genetic information or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Executive Director for Human Resources, by phone: 360.383.3400 or email: hr@whatcom.edu, 237 W. Kellogg Road, Bellingham, WA 98226. For Title IX compliance: Title IX Coordinator, by phone: 360.383.3400 or email: titleIX@whatcom.edu, 237 W. Kellogg Road, Bellingham, WA 98226. WCC publications are available in alternate formats upon request by contacting the Access & Disability Services office at 360.383.3139; or Video Phone at 360.255.7182