



AUTHORIZATION FOR MUTUAL EXCHANGE OF CONFIDENTIAL INFORMATION

(Return to Office of Admissions and Records)

I authorize the mutual exchange of my confidential information among Walla Walla Community College Office of Admissions and Records, Financial Aid, the Registrar, the Business Office with the following people or agencies:

(include parents' names and agency names with contact person, if you want your information shared)

My confidential information that I am willing to share may include: admissions information, degree choice, academic performance, tuition payments and charges, degree progress, transcript information, financial aid information and awards, or conferred degrees.

YES, I agree to the mutual exchange of information: _____
(Student's name)

NO, please do not exchange the following information:

(Student's signature & date)

**I accept the contract stipulations and agree to the release of information as stated above. (Release will be scanned and entered in SMS on SM4015)
This release will stay in effect for 2 years from the date below.**

Signature of Student (SID #) (Date)

Print Student Name (Social Security Number)

This was signed in the presence of (WWCC Staff Member's name and department) (Date signed)