



Release to Access Educational Records

Walla Walla Community College

The Family Educational Rights and Privacy Act (FERPA), affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form allowing the release of their education records to specified third parties. This form authorizes Walla Walla Community College to release education records to third parties; it does not obligate Walla Walla Community College to do so. Walla Walla Community College reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the College Catalog for Student Records (FERPA) or visit the U.S. Department of Education's website at (www2.ed.gov/policy/gen/guid/fpco/ferpa).

- Forms must be submitted via the students WWCC email address or in-person. If this form is submitted via a different email, this form is not considered valid.
- Please note that all releases are considered current for 2 years. Once 2 years has passed, this release is no longer considered valid and a new form must be signed. If the student wishes to end this release sooner than 2 years, please contact the Office of Admissions and Records.
- Questions about this form can be directed to the Office of Admissions and Records: admissions@wwcc.edu or 509-524-5168.

Name of Student (Last, First, Middle Initial):		Student ID Number:
Education records to be released (check all that apply):		
<input type="checkbox"/>	Academic Information - transcript, credit hours enrolled/earned, grades/GPA, class schedule, academic progress, enrollment status	
<input type="checkbox"/>	Financial Aid Information - Awards, financial aid application data, disbursements, eligibility, financial aid academic progress status	
<input type="checkbox"/>	Loan Information - College maintained loan disbursements, billing and repayment history - including credit reporting history, balances, collections	
<input type="checkbox"/>	Student Account Information - Billing statements, charges, credits, payments, past due amounts, collection activity, financial hold	
<input type="checkbox"/>	All Records Listed Above	
<input type="checkbox"/>	Other (please specify): _____	
Name of individual(s) to whom records may be released:		
Approved email address(es) of individual(s) we can communicate with (not required).		
To ensure we are communicating with the approved individual(s) in-person or over the phone, please provide a <u>passphrase</u> for verification purposes. Example "I love cookies".		
Be sure to share this passphrase with the individual(s) above. Information will NOT be shared if the passphrase is not answered or is incorrect. Valid government-issued ID may be used in place of a passphrase for those visiting in person.		
Student Signature:		Date: