



Eastern Wyoming College

Financial Aid Office
3200 West C Street
Torrington, WY 82240

Authorization to Release Records

The Family Educational Rights and Privacy Act (FERPA) prohibits an educational institution from releasing confidential, non-directory information about a student without the student's consent. You can waive this right for a third-party, including a parent or guardian, by completing this form.

Full Legal Name: _____

EWC Student ID or Last Four Digits of Social Security Number: _____

I hereby authorize Eastern Wyoming College to release information regarding:

- _____ billing;
- _____ financial aid file completion and _____ financial aid type, amount and status;
- _____ grades;
- _____ behavior;
- _____ academic dishonesty;
- _____ student conduct;
- _____ all the above

To: _____

Relationship: _____

To: _____

Relationship: _____

To: _____

Relationship: _____

I authorize the release of this information for the purpose of paying my bill, monitoring my account and/or checking on my progress at Eastern Wyoming College.

This consent remains in effect until I revoke this authorization by completing the reverse side of this form.

Student Signature

Date

REMOVE ACCESS AUTHORIZATION

I, _____
Last Name and First Name (Please print)

Date of Birth

Last Four Digits of Social Security Number

Request that the access authorization as designated on the front side of this form be revoked from the date this form is received/signed in the Financial Aid Office.

Student Signature

Date