

EASTERN WYOMING COLLEGE

Release of Information

I, (Print Name) _____, give my permission to Eastern Wyoming College, to release information regarding my (initial by all that apply):

- _____ academic records and grade transcripts;
- _____ financial records including all charges, accounts receivable balance, and payment history
- _____ financial aid and other personal information to:

(Name) _____ (Address) _____

- _____ I further understand that this release shall be in effect until I remove it by indicating this action below.

_____ Signature	_____ Witness' Signature
_____ Date	_____ Date

- _____ I wish to revoke this Release of Information.

_____ Signature	_____ Witness' Signature
_____ Date	_____ Date

FOR OFFICE USE ONLY

Date(s) Information Compiled and Sent: _____

Information Sent By: _____

Information Disseminated Verbally: _____

Attach information sent, with cover letter, and return to student's folder in EWC Student Services Office.