

FERPA Release Form

REQUIRED



Wells College

- **Mail** it in the enclosed envelope that is addressed to:
Dean of Students Office, Wells College, 170 Main Street, Aurora, NY 13026
- **Fax** the form to the Dean of Students Office at **(315)364-3329**
- **Upload** the form on your Status Page: apply.wells.edu/status

FOR OFFICE USE ONLY Date Received _____

FERPA AUTHORIZATION TO RELEASE INFORMATION

Date _____

Student Name (please print) _____
last first middle initial

Wells College releases information regarding a student's academic record/performance, financial records, disciplinary records or other educational records to a student's parents/guardians in accordance with The Family Educational Rights and Privacy Act of 1974 (FERPA). The Wells College policy regarding Student Records and Release of Information can be found online by going to The Globe website (<http://global.wells.edu>), click on the **Students** tab, then click on **New Students**. Further information regarding FERPA can also be accessed at the Department of Education's Web site (www.ed.gov/offices/OI/ferpa/index).

NOTE: Academic and financial records and information may be released without the student's permission if the student is listed as a tax dependent. In addition, Student Life records and information may be released without the student's permission in cases of alcohol and drug violations or when the student poses a danger to him/herself or others.

In order to facilitate the release of information to a parent, guardian or other person listed below, I do hereby authorize Wells College to share, upon request, any and all information or education records the College may have about me with any of the following, as noted. (If no designation is given, we cannot release information.) ***This authorization expires six years from the date it is signed by me.***

FINANCIAL RECORDS

- Name of Organization (or individual)

- Name of Organization (or individual)

ACADEMIC RECORDS AND TRANSCRIPTS

- Name of Organization (or individual)

- Name of Organization (or individual)

DISCIPLINARY RECORDS

- Name of Organization (or individual)

- Name of Organization (or individual)

OTHER (please specify) _____

- Name of Organization (or individual)

- Name of Organization (or individual)

Signature of Student

Date

Printed name of student

Birthdate

PHOTO RELEASE OPT-OUT

Photographers regularly come to campus to take pictures that capture the essence of Wells. The Communications Office uses these photographs in a number of ways—to accompany press releases, in publications and admission materials and on the Web site. Please sign below if you **DO NOT** wish to have pictures of you used for official College purposes.

Signature of Student

Date