

# FERPA Release Form

REQUIRED



Wells College

- Mail it to the Admissions Office at 170 Main Street, Aurora, NY 13026
- Fax the form to the Admissions Office (315) 364-3227
- Upload the form to your Status Page [apply.wells.edu/apply/status](http://apply.wells.edu/apply/status)

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_

This form needs to be signed by the student and cannot be submitted online. For more detailed information regarding the Family Educational Rights and Privacy Act of 1974 (FERPA), please go to *The Globe* website ([global.wells.edu](http://global.wells.edu)), click on the **Students** tab, then click on **New Students**

## 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](http://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