FERPA Release Form

REQUIRED

Print This Form

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

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), *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/OII/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)

_____

DISCIPLINARY 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)

_____

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