



WICHITA AREA TECHNICAL COLLEGE

Registrar's Office
4004 N. Webb Rd, Bldg. 100
Wichita, KS 67226

Registrar's Office
4501 E. 47th St. S.
Wichita, KS 67210

Phone: (316) 677-9400 Fax: (316) 462-5990

E-mail: registrarsoffice@watc.edu

STUDENT CONSENT TO RELEASE EDUCATION RECORDS

Directions

In compliance with the Federal Family Education Rights and Privacy Act of 1974, WATC is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or any other third party.

You may, at your discretion, grant WATC permission to release information about your student records to a third party by submitting a completed Student Consent to Release Education Records authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. WATC will not automatically send information to a third party.

Submit your completed form to the Registrar's Office at one of the campus locations above. You must show a valid government issued ID when submitting in person or attach a copy if submitting via fax or e-mail. Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to the Registrar's Office. NOTE: For the third party designee you name on this form, this release overrides all FERPA directory information non-disclosure holds you have placed on your records.

SECTION A. Student Information

Name (Last, First, Middle Initial) Social Security Number (last four digits only) Student ID Number Date of Birth
Current mailing address (street or P.O. Box number, apt number, city, state, and zip code) Daytime phone number

SECTION B. Person/Third Party Designee authorized to receive information (Parent, Guardian, etc.)

Name (Last, First, Middle Initial) Daytime phone number
Current mailing address (street or P.O. Box number, apt number, city, state, and zip code)
Relationship to student Email address

Please initial one or more of the lines below to grant authorization to different types of information:

Business Office: e.g., Billing statements, charges, credits, payments, past due amounts, collection activity, communication history
Registrar's Office: e.g., Grades/GPA, demographic, registration, student ID number, academic progress status, enrollment information, and access to academic records
Financial Aid Office: e.g., FAFSA application data, financial aid disbursements, eligibility, and financial aid Satisfactory Academic Progress status
Other (be specific)

SECTION C. Certification

I authorize the above third party, named in Section B, to access the above indicated student record and/or account information. This authorization does not permit the third party to make any changes.

Student's Signature Date