

# FERPA Release Form

(Family Educational Rights and Privacy Act)



## STUDENT INFORMATION

LAST Name: \_\_\_\_\_ FIRST Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

### What is the purpose of this form?

In accordance with the Family Educational Rights and Privacy Act (FERPA), Warner Pacific College is committed to protecting students' rights to privacy regarding their academic and financial information. However, academic and financial information may be released to another individual if the student consents by completing this form and returning it to Student Financial Services.

This authorization will remain in effect for approximately one year after the student graduates or ceases enrollment, or until such time as the student updates or revokes it.

### STEP ONE Instructions: ALL STUDENTS must complete this section. PLEASE PRINT LEGIBLY

Student Contact Information:

Cell Phone # \_\_\_\_\_ Email (Non-WPC) \_\_\_\_\_

I give Warner Pacific College permission to leave a detailed phone message regarding my financial information at any phone number I provide to the college.  Yes  No

Release Code:  
To obtain access to specific, personal information, individuals (including the student) will be asked to provide a Release Code. **It is the student's responsibility to provide the code to approved individuals listed below.** Please create a release code or phrase and write it in the space provided:

Release Code \_\_\_\_\_

### STEP TWO STUDENT FINANCIAL SERVICES-BUSINESS OFFICE INFORMATION RELEASE

I hereby give Warner Pacific College permission to release financial information to the following individual(s). Please include each individual for whom you wish to give financial information access. If no access is permitted, indicate N/A on line #1 below and complete steps one and four.

Person #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Person #2 \_\_\_\_\_ Relationship \_\_\_\_\_

### STEP THREE ACADEMIC INFORMATION RELEASE

I hereby give Warner Pacific College permission to release academically related information to the following individual(s). Please include each individual for whom you wish to give academically related information access. If no access is permitted, indicate N/A on line #1 below and complete steps one and four.

Person #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Person #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ WPC ID #: \_\_\_\_\_