

**Western Iowa Tech
Community College**



4647 Stone Avenue, P.O. Box 5199
Sioux City, IA 51102-5199
800-352-4649 or 712-274-6402
finaid@witcc.edu

REQUEST TO RELEASE INFORMATION

Attn: Registrar
Western Iowa Tech Community College
4647 Stone Avenue, P.O. Box 5199
Sioux City, IA 51102-5199
Phone: 712-274-6403
Fax: 712-274-6470

Re: _____ WITCC ID: _____
(Student's Name)

The Family Educational Rights and Privacy Act (FERPA) requires Western Iowa Tech Community College (WITCC) to release non-directory information only to the student. The student may, however, voluntarily waive privacy rights and authorize certain individuals to receive the non-directory information. By completing this form, the individuals named below will have the ability to obtain information regarding the student.

I, _____, hereby waive my rights under FERPA, and I hereby
(Print Student's Name)

authorize WITCC to release any information concerning my enrollment at WITCC to the following persons:
(list first and last name of all individuals authorized to obtain this information)

This information may include: (check all that apply)

- | | |
|---|----------------------------------|
| _____ All academic information and grades | _____ Attendance information |
| _____ Financial aid information | _____ All financial aid activity |

This information is requested on the date hereof and for all terms of enrollment at WITCC unless it is rescinded in writing.

**Only certain information will be release over the phone.
All requests for transcripts or grades will need to be made in writing.**

Student Signature _____

Dated this _____ day of _____, 20_____