Wiley College

STUDENT CONSENT FOR RELEASE OF RECORDS

To: Unit of Student Records
Wiley College
711 Wiley Avenue
Marshall, Texas 75670

From: _____

Last *First* *Middle*

_____

Address *City* *State* *Zip*

Under the Family Educational Rights and Privacy Act of 1974, which is federal legislation, I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

I, therefore, request that the information listed below be released to the following:

_____

Name

_____

Address *City* *State* *Zip*

Information to be released:

☐ Grade Report ☐ Transcript ☐ Class Schedule ☐ Enrollment Verification ☐ Other (s) ***Semester***_____

Purpose:_____

Signed this _____ day of _____, _____.

_____

Signature of Student

SR: 11/04,01/09