

WASHINGTON COUNTY COMMUNITY COLLEGE • REGISTRAR'S OFFICE
FEDERAL FAMILY EDUCATION RIGHTS AND PRIVACY ACT
AUTHORIZATION TO DISCLOSE INFORMATION

I, _____, a student at Washington County Community College, hereby authorize Washington County Community College to disclose to: _____
Name of Person

The following information:

All Records (for example, academic, health records, etc.)

All Academic Records (for example, grade reports, transcripts, attendance records)

Speak freely with the student support counselor concerning all student related issues

Accessibility Specialist

For the following purpose(s):

Financial Support

Family Member

Other, please list _____

PHOTO RELEASE

I give WCCC and its agents permission to use my photo image in press releases, promotional publications, brochures, web pages, and other support publications in the promotion of WCCC and the Maine Community College System.

I understand that it is my right to withdraw this authorization at any time.

Witness

Student Signature

Date

I hereby withdraw this authorization effective immediately.

Witness

Student Signature

Date