CENTRAL Wyoming COLLEGE

STUDENT REQUEST FOR RELEASE OF INFORMATION

All Fields Required

Student Name: _____

CWC Student ID # or Social Security Number_____

What are you requesting?

☐ Acceptance Letter ☐ Enrollment Verification ☐ Long-term Release

For what term(s)? _____

Specific records that may be disclosed:

☐ # of Credit Hours Registered ☐ Class Schedule ☐ Grades ☐ GPA

☐ Billing / Payment Information ☐ Financial Aid ☐ Other: _____

Purpose of disclosure:

☐ Parent/Guardian ☐ Financial Aid / Scholarship ☐ Insurance

☐ Other: _____

Name of party or parties to whom disclosure may be made:

_____

(If information is to be mailed or faxed directly to this party, please supply address or fax number.)

Fax Number: Mailing Address:

_____ _____

(area code) --- / ------ mailing address city state zip

_____ _____ **Student Signature:** _____

Current Date **Date Release Expires**

Records & Research Office Use Only ☐ STRK Date/Initials _____/_____

REV 0709