

# Walters State Community College

## CASHIER OFFICE

500 S. Davy Crockett Pkwy, Morristown, TN 37813  
(423) 585 - 2616

### AUTHORIZATION FOR RELEASE OF INFORMATION

**The Family Education Rights and Privacy Act (FERPA)** is a Federal law that protects the privacy of student education records, both financial and academic. For the student's protection, FERPA limits release of student record information without the student's explicit written consent. ***Complete form in front of a notary and return completed notarized form to the cashier office on any campus.***

\_\_\_\_\_

Student's Official Name ( <b>Print</b> )	Date	WS ID
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#### To Whom It May Concern:

I, \_\_\_\_\_, do hereby waive my rights under FERPA and grant permission to Walters State Community College Cashier's Office to release financial information pertaining to my student account (includes fees, refunds, payments posted to accounts, etc.) to the following person(s) or third party entities listed below.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

I also acknowledge that this release expires one year after I am no longer in attendance at Walters State Community College. I understand that I may revoke this release at any time prior to the expiration by notifying the Cashier's Office in writing.

Student signature: \_\_\_\_\_

This release of information form **does not grant permission for another individual to sign for checks.** Expiration is deemed to be one year when there is a 12 month consecutive period of non-enrollment in WSCC credit hour course work and/or TN eCampus coursework. Workforce Training non-credit hours (CEU) are excluded from this requirement.

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#### Notary Use:

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_,

at \_\_\_\_\_

My Notary Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Notary Signature