

WORCESTER STATE COLLEGE

INFORMATION RELEASE FORM

Must be completed by the student
Please Print and Return in Person

Print Name

Student ID Number

Under the provisions of the Family Education Rights and Privacy Act of 1974, students have the right to release education record information to the following person(s) for as long as they are attending Worcester State College.

I hereby give my permission to Worcester State College to release the information checked off below:

- Academic Transcripts
- Semester Grades
- Financial Aid Information
- Student Billing Information
- Academic Advising Information

To the individual identified in this release form.

Name of
Recipient:

Relationship to
Student:

Should you wish to cancel or make any other changes to your permission release, it is your responsibility to hand-deliver a letter to our Registrar's Office stating clearly what changes you wish to make.

By your signature below, you are indicating that you understand what educational documents you are releasing and have agreed to willingly do so.

Student's Signature

Date