



**FERPA Release Form  
Dual Enrollment/  
Early Middle College**

***Family Educational Rights and Privacy Act  
Washtenaw Community College***

*The FERPA Release of Information Form must be signed by each student, regardless of the student's age.*

I, \_\_\_\_\_ give Washtenaw Community College (WCC) staff and faculty  
(print student name)  
permission to share information contained in my WCC academic records, including attendance,  
and finance records with \_\_\_\_\_ staff.  
(print high school name)

I understand that I am giving this permission pursuant to my rights under the Family Educational Rights and Privacy Act. This release of information is only valid while attending the above high school as a dual enrolled or early middle college student. Staff and employees will be instructed to maintain the confidentiality of the information collected.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Student WCC ID number: \_\_\_\_\_

PLEASE COMPLETE FORM AND SEND TO:  
WASHTENAW COMMUNITY COLLEGE - INFO@WCCNET.EDU - WWW.WCCNET.EDU