



THE VIRGIN ISLANDS DEPARTMENT OF  
**EDUCATION**



**RAPHAEL O. WHEATLEY SKILL CENTER**  
**Post-Secondary Career & Technical Education Institute**

Dr. Mario Francis, Principal  
P. O. Box 9337, St. Thomas • U.S. Virgin Islands 00801  
Tel: (340) 998-2730 | [mario.francis@vide.vi](mailto:mario.francis@vide.vi)

**APPENDIX I**

**CONSENT TO RELEASE STUDENT'S INFORMATION FORM**

This form allows the student to grant third parties, including parents, access to their educational records maintained at the ROWSC. ROWSC follows all Family Educational Rights and Privacy Act (FERPA) regulations regarding the release of student information. A description of a student's rights under FERPA is set forth in more detail in the ROWSC Student Handbook, Website and Catalog.

Student Name: (Print legibly) \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: (City, State & Zip Code) \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(including area code)

I the undersigned, hereby authorize the Raphael O. Wheatley Skill Center to release the following educational records and/or personal identifiable information by:

Choose all that apply: ( ) Mail, ( ) Email, ( ) Fax, ( ) Phone      There will be a cost of: \_\_\_\_\_

**Information to be released:**

- |                              |                          |                            |
|------------------------------|--------------------------|----------------------------|
| • Transcript ( )             | • Attendance Records ( ) | • All Records ( )          |
| • Immunization Records ( )   | • Grade Report ( )       | • Disciplinary Records ( ) |
| • Externship Information ( ) | • Other                  |                            |

( ) I request the above records to be released and sent to: (Please include name, title, address, phone number and email address.) \_\_\_\_\_

This request is in effect from \_\_\_\_\_ to \_\_\_\_\_ or ( ) indefinitely.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: ROWSC Staff completes the remainder of the application below or on the other side of this page.

**FOR OFFICE USE ONLY:****Information/Documents mailed to:**

\_\_\_\_\_

*Indicate name of person, Title and/or Organization/ Agency/ Institute/School/College University*

Complete mailing address: \_\_\_\_\_

Date: \_\_\_\_\_ Sent via: ( )USPS, ( )FedEx ( )Other \_\_\_\_\_

**Information/Documents faxed to:**

\_\_\_\_\_ Fax #: \_\_\_\_\_

Date: \_\_\_\_\_ Fax Confirmation Information: \_\_\_\_\_

**Information discussed with:**

\_\_\_\_\_

*Indicate name of person, Title and/or Organization/ Agency/ Institute/School/College University*

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Completed and authorized by:**

ROWSC Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_