



WILLIAMSBURG TECHNICAL COLLEGE INFORMATION RELEASE FORM

Permission to Collect, Disclose, or Release Information

PLEASE PRINT

I, _____ authorize the Student
(name of student)

Affairs office to release information regarding my education to _____
(name of parent, guardian, individual or agency)

This information is directly involved with my educational plan. Release of information to any other party is only permitted with my written authorization.

AND I AGREE TO

- give permission to release information regarding admissions, academics, financial aid to the individual or agency designated above;
- allow the Office of Public Relations and Development at the College to release my name, photo, and/or story in promotional materials for as long as deemed necessary for the advancement of the College and its purpose;
- release the Student Affairs office and Williamsburg Technical College from all legal responsibility and liability arising from disclosure of information based upon this signed release;
- any information in my WTC records will remain confidential according to state and federal laws;
- allow this release to remain in effect for one year of the signature date, or until I revoke it in writing, whichever comes first. In all cases above I understand that I may revoke this consent in writing at any time.
- receiving college updates via email or text messages.

Student Signature

Date

WTC ID Number or Social Security Number

Signature of Parent or Guardian

Date