



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