

**WASHINGTON COLLEGE**

**INFORMATION RELEASE FORM**

Federal Law generally prohibits us from releasing educational records of any current student to parents/guardians unless the student consents, in writing, to that release. Alternatively, the parents/guardians may provide the College with proof of the student's financial dependency by submitting a Federal Tax Form.

We have informed your parents/guardians of this, and we have indicated to them that you will be receiving this form by which you can authorize us to release that information.

**By signing this form you authorize the College to release any academic information for the duration of your enrollment at Washington College. Please complete and return this form.**

I \_\_\_\_\_  
(STUDENT NAME-PLEASE PRINT CLEARLY)

AUTHORIZE Washington College to release any academic information to my parents/guardians, should they so request, during the duration of my enrollment at Washington College.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*You may revoke this agreement at any time by filing a written request with the Registrar's Office.**