



Student Release of Information Form (SIRF)

VER. 1
6/1/15
WAT

Under the provisions of the Family Education Rights and Privacy Act (FERPA), students have the right to allow or deny the IWTC to disclose student education records, either academic or financial. By completing this form, you are requesting the IWTC to disclose personally identifiable information relating to your education record to a specific third party. Third party requests without a completed Student Information Release Form will not be fulfilled. All fields on this form must be completed by the student in order to be processed.

This authorization to release information has no expiration date; however, you may revoke your authorization at any time by submitting an updated SIRF form rescinding approval.

Student Information: (please type or print clearly, *required field)

*Last Name: _____ *First Name: _____ Middle Initial: _____

*Date of Birth (mm/dd/yyyy) _____

*Street Address: _____

*City: _____ *State: _____ *Zip: _____

At least one phone number required – Home: _____ Cell: _____ Work: _____

Email Address: _____

Reason for Release: (select one)

State licensure Parent/Guardian Military Spouse

Other (please explain) _____

Third Party Information:

*Last Name: _____ *First Name: _____ Middle Initial: _____

Title: _____ Company: _____

*Street Address: _____

*City: _____ *State: _____ *Zip: _____

*Phone: _____ Email Address: _____

*Password: _____

Note: Third party must be able to provide verification of identity when requesting information by providing the third party password. This password is a confidential code between you and your third party. Please be sure not to share this password with anyone else. The password cannot be your name, address, phone number or username.

*Student Signature: _____ *Date: _____