

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____

By signing this form, I authorize the RISE Program Office at Westmoreland County Community College to release relevant information about myself to individual or office listed below:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

The information to be released is in regard to *(check all that apply)*

- ☐ RISE Program Application
- ☐ Academic Record
- ☐ Academic Accommodations
- ☐ Disability-Related Issues
- ☐ Other _____

I understand that I have the right to revoke my permissions at any time by contacting the RISE Program Office at 724-925-4087 or killionm@westmoreland.edu.

Signature _____ Date _____

Guardian Signature *(if applicable)* _____ Date _____