

**Authorized Release of Student Information**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**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** \_\_\_\_\_

\_\_\_\_\_

**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](mailto:killionm@westmoreland.edu).

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Guardian Signature (if applicable)** \_\_\_\_\_

**Date** \_\_\_\_\_