



AUTHORIZATION FOR MUTUAL EXCHANGE OF CONFIDENTIAL INFORMATION

(Return to Office of Admissions and Records)

I authorize the mutual exchange of my confidential information among Walla Walla Community College Office of Admissions and Records, Financial Aid, the Business Office with the following people or agencies:

1. College personnel for recruiting purposes.
2. NWAC personnel for eligibility purposes.
3. _____

Include parents' name(s) above if you want information shared with them, including information on athletic-related injuries.

My confidential information that I am willing to share may include: admissions information, degree choice, academic performance, tuition payments and charges, degree progress, transcript information, financial aid information and awards, or conferred degrees.

YES, I agree to the mutual exchange of information: _____
(Student's name)

NO, please do not exchange the following information:

Sign here if you DO NOT want information exchanged.

(Student's signature & date)

I accept the contract stipulations and agree to the release of information as stated above. This authorization will be scanned and saved into halFILE and will stay in effect for 2 years from the date below.

Signature of Student

SID #

Print Student Name

Social Security Number

This was signed in the presence of (WWCC staff member's name and department)

Date Signed