PARENTAL RELEASE FORM

Last Name: ___________________________ First Name: ___________________________ M: ________

William and Mary Student ID: 93

The College of William and Mary, in accordance with its Statement of Rights and Responsibilities and the Family Educational Rights and Privacy Act of 1974 (FERPA), does not release personally identifiable information (other than directory information) to anyone other than the student without the student’s written consent.

I authorize The College of William and Mary to share the information circled below with my parents, spouse, and/or guardian(s):

Yes  No  Information concerning my academic performance including grades, notification of academic warning, academic probation, and required academic withdrawal. (AC)
     Yes, but limited to whom: ________________________________

Yes  No  Financial information, including billings, charges, payments, refunds, and scholarships. (FN)
     Yes, but limited to whom: ________________________________

Yes  No  Information concerning judicial/honor code investigations and or actions. (JH)
     Yes, but limited to whom: ________________________________

I understand that although I may authorize the College to give information to my parent, spouse and/or guardian(s), I remain personally responsible for my conduct and my obligations to the College.

SIGNATURE: ___________________________ Date: __________________

Information will be updated in the College’s Student Information System within 48 hours of receipt.

Print on white paper.
Cut on lines.
Print everything except Signature
Sign, Date and return to:

Office of the University Registrar
College of William and Mary
P. O. Box 8795
Williamsburg, VA  23187-8795