

## **Release of Information Form**

### **Washington Student Achievement Council – Washington State GEAR UP Authorization to Release Student Information**

**Name of Student:**

**Birth date:**

**OSPI SSID:**

**High School:**

Under this Authorization to Release Student Information (this “Consent”), I consent to the sharing of Information (as defined below) regarding Me between the Washington Student Achievement Council – Washington State GEAR UP (WSAC) and any postsecondary institution (including any college, institution, vocational, technical, trade, professional or other postsecondary school or similar organization) (“College”) to which I apply, enroll and/or attend, either currently and/or in the future.

I understand that WSAC intends to use the Information to provide me with services (including advising, coaching, referrals, training, and networking opportunities related to financial aid, academics and career opportunities). Upon signing this Consent, Student shall be deemed to be continuing participant in Washington State GEAR UP related activities, initiatives and communications unless and until Student affirmatively opts out.

I understand that WSAC intends to store my individual data on either its on-site IT systems (including servers and other IT hardware devices) and/or cloud-based servers where access is intended to be limited to WSAC officers, directors, employees, contractors, agents and other representatives (“Representatives”).

I agree that the “information” that may be collected and shared as set forth in this Consent includes:

1. Student’s First, Middle, Last Name and Suffix, Date of Birth, and OSPI SSID;
2. Student’s contact information including phone numbers and email addresses;
3. Information regarding admission or enrollment status at any College (e.g., pending, active, graduated, matriculated, inactive, etc.);
4. Information regarding academic records and progress towards graduation at any College including whether or not the Student is maintaining “satisfactory academic progress” (as determined by each educational institution’s definition), the courses in which the Student is and has been enrolled, progress towards graduation, and/or persistence into the second year.

I agree that WSAC and its representatives may discuss my educational progress and the information with the admissions, financial aid and/or student service offices at any College which I attend.

**This release shall remain in effect for the duration of the student’s status as a Washington State GEAR UP participant (eligible students are current Washington State GEAR UP participants who will continue receiving services upon signing this Consent, through August 31<sup>st</sup>, 2024, or they opt-out of being considered a Washington State GEAR UP participant. Opt-out opportunities will be provided via e-mail or text message campaigns.**

I understand that I am not legally obligated to provide the information; and agree to this Consent freely and voluntarily; and may revoke this Consent at any time upon written notice to Washington State GEAR UP.

I acknowledge and agree that the above information is considered private information under the U.S. federal Family Educational Rights and Privacy Act (“FERPA”).

Whenever the word “includes” or “including” are used in this Consent, they will be deemed to be followed by the words “without limitation.”

*I have read, understand and agree to the provisions of this Consent above.*

**Required for Students Under 18:**

Student Name (print):

Parent Name (print):

Student Email Address:

Parent Email Address:

Student Phone Number:

Parent Phone Number:

Student Signature:

Parent Signature:

Signature Date:

Signature Date: