

N A M Y W **TEEN LEADERSHIP PROGRAM**

Student Authorized FERPA Third Party Release Form

I _____ (student name), give permission for _____ (school name), to release all information regarding my academic and financial records to WYMAN for advising and tracking purposes. The release allows for verbal and written access as requested by myself and / or Wyman. All permissions granted will stay in effect during the admissions process and for the duration of my stay at _____ (school name) or until I revoke them in writing.

Student Information

Student Name: _____

Date of Birth: _____

Authorized Party

Organization: Wyman

Address: 600 Kiwanis Drive, Eureka, MO 63025

Authorized Employees:

Name	Phone Number	Email	Relationship
Bryan Capers	(636) 549-1295	Bryan.capers@wymancenter.org	Director, Teen Leadership Program
Jolene Hibbler	(636) 549-1243	Jolene.hibbler@wymancenter.org	College and Career Program Manager , Teen Leadership Program

Student Signature _____

Date _____

Parent Signature _____

Date _____