

# 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	(314) 835-7703	Bryan.capers@wymancenter.org	Director, Teen Leadership Program
Christopher Miller	(314) 873-3938	Christopher.miller@wymancenter.org	College and Career Program Manager , Teen Leadership Program

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_