

**NORTH CAROLINA WESLEYAN COLLEGE**  
***CONTRACT OF PARTICIPATION & RELEASE WAIVER***

North Carolina Wesleyan College assists you in realizing your academic potential in a rigorous, yet supportive, environment. Academic success is an important goal, and through components such as tutoring, Peer-Assisted Study Sessions (P.A.S.S.), workshops and advising sessions, NCWC intends to promote successful, well-rounded students.

I, \_\_\_\_\_, give permission to my North Carolina Wesleyan College to release any and all information regarding my academic record to:

Names of individuals to whom information can be released:

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

Please provide the following contact information for each individual listed:

Home address & phone: \_\_\_\_\_

Work address & phone: \_\_\_\_\_

Email address (if available): \_\_\_\_\_

I understand that this authorization for release of information will remain in effect throughout my academic years at North Carolina Wesleyan College unless I personally request, in writing, that this authorization be invalidated prior to that date. I also understand that information concerning my academic progress includes--but is not limited to--my grades, my probationary standing, my progress concerning agreements that I have made with my academic advisors, and other similar information. Additionally, I understand that my academic performance may be discussed with other Wesleyan staff/faculty members, peer leaders and/or administrators (as needed) and authorize my advisor to use his or her discretion whenever my academic information is shared—my privacy will always be respected.

_____ SIGNATURE OF STUDENT	_____ DATE
_____ PRINTED NAME	_____ ID NUMBER

THE INFORMATION RELEASED IS SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.

For office use only:	
Received by: _____	Date: _____