



**Financial Services**  
4800 East Huron River Drive, Ann Arbor, MI 48105-4800  
Phone: 734.677.5127 Fax: 734.677.5272  
[http:// www.wccnet.edu/departments/financialservices/studentaccounting.php](http://www.wccnet.edu/departments/financialservices/studentaccounting.php)

**Authorization for Release of Information**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WCC Student ID #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact's Email: \_\_\_\_\_

**To Whom It May Concern:**

Washtenaw Community College has my permission to release all current billing information to my present employer as stated above. My authorization is effective for \_\_\_\_\_ term.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
PRINT NAME