



# WY QUALITY COUNTS!

AWARENESS & TRAINING FOR QUALITY CHILD CARE

## Academic Release Form

(Please send a copy to WY Quality Counts! as well as to the college you are attending)

I, \_\_\_\_\_, having the Social Security/Student  
Number of \_\_\_\_\_ authorize  
to release or discuss any of my past or present academic progress, grades, attendance,  
or transcript. I authorize release of any financial information pertaining to my enrollment  
at the above listed college. I authorize this entire release of information to the WY  
Quality Counts! program staff at the Wyoming Department of Workforce Services  
(DWS) and the above listed college only. I understand that DWS and the above listed  
college value my privacy and will not distribute this information to any other party  
without my written permission. I authorize the above listed college to communicate with  
DWS (two-way) regarding all items listed on this form.

\_\_\_\_\_  
Name (Printed)

Date \_\_\_\_\_

\_\_\_\_\_  
Signature