



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: Early College Alliance @ Eastern Michigan University

Company Address: 221 King Hall

Company Contact Person: Randall Cooper

Contact's Phone: 734-487-4290 **Fax:** N/A

Contact's Email: Cooper@earlycollegealliance.info

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