WEST VIRGINIA UNIVERSITY Student Request for Release of FERPA Protected Educational Records

Person Releasing Information _____

Office: College of Business & Economics Phone Number: 304.293.4959	
The purpose of the Family Educational Rights and Privacy of information concerning individual students by placing coinformation concerning students and that which is contained	ertain restrictions on the disclosure of
I understand that (1) I have the right not to consent to the reright to receive a copy of such records upon request; (3) an one request only or sooner, if revoked by me, in writing, a above, but that any such revocation shall not affect disclosureceipt of any such written revocation.	d this consent shall remain in effect for this nd delivered to the person at the office named
I further understand that in order for WVU to release my edbelow, this signed release must be executed. Therefore, I	lucational record to the individual(s) named
Student Name: (Last Name), (First Name)	Wame) (Middle Initial)
WVUID:	
authorize WVU to release my specific educational records, to all persons listed below. I understand further that (1) I h education records; (2) I have the right to receive a copy of shall remain in effect only for this specific request or soone the person at the office named above, but that any such revemade by WVU prior to the receipt of any such written revo	ave the right not to consent to the release of my such records upon request; (3) and this consent r if revoked by me, in writing, and delivered to ocation shall not affect disclosures previously
Person to receive Information:	
Address1:Address2:City, State:	
Phone:	
Student Signature:	_ (Presented with picture identification)
Date:	

THIS INFORMATION IS RELEASED 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.