

**Family Educational Rights and Privacy Act Release**

Please print:

Student Name: \_\_\_\_\_  
Last First Middle

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

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

Phone: -- ext.

Student ID:  Date of Birth: --  
Month Day Year

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. I understand that (1) I have the right not to consent to the release or disclosure of my education records; (2) I have the right to inspect and review such records upon request; and (3) **this consent to release or disclose shall remain in effect for this one request only or sooner, if revoked by me, in writing, and delivered to the person at the office named below.** Any disclosure of information made by WVU prior to expiration or receipt of revocation is not affected by expiration or revocation. I further understand that in order for WVU to release information to the recipient named below, this release must be signed. **Therefore, I, the undersigned, expressly authorize the official/office identified in Section 1 to release my education records which are identified in Section 2 to the person/entity identified in Section 3.**

**1. WVU OFFICIAL(S)/ OFFICE(S) WHICH MAY RELEASE EDUCATION RECORDS –**

University Official(s)/ Office(s): \_\_\_\_\_

**2. DESCRIPTION OF THE EDUCATION RECORDS WHICH MAY BE DISCLOSED –**

\_\_\_\_\_  
\_\_\_\_\_

**3. RECIPIENT OF EDUCATION RECORDS –**

Person/Entity Receiving Records: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

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

Phone: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Submit this Form to the Office Identified in Section 1 with Picture ID.**

**For WVU Use Only:**

Received by \_\_\_\_\_ Date \_\_\_\_\_  
Type of Picture ID \_\_\_\_\_