

FERPA CONSENT TO RELEASE MY EDUCATIONAL RECORDS

The Federal Family Educational Rights and Privacy Act (FERPA) provides certain rights to students concerning the privacy of, and access to, their personally identifiable information, including Educational Records. Except as otherwise permitted by law, West Virginia Wesleyan College (WVWC) will not disclose any personally identifiable information contained in your files without your signed and written consent. If you want WVWC to disclose your information to another person (i.e., parent, spouse, employer, etc.) you must complete, date, and sign this form and return it to the address below.

YOU MUST COMPLETE THE FOLLOWING INFORMATION (please print or type):

Student's Full Name: _____

WVWC ID#: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone#: _____ Cell Phone#: _____

Email Address: _____

AUTHORIZATION TO RELEASE INFORMATION

I, _____, HEREBY AUTHORIZE **WVWC** TO RELEASE ALL OF MY EDUCATIONAL RECORDS, EXCEPT THOSE RECORDS I HAVE SPECIFICALLY LISTED BELOW, TO (please print or type):

Name: _____

Name of Company (if not parent, custodian or spouse) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Relationship: _____ Date of Birth: _____

The following records shall not be disclosed: _____

I acknowledge by my signature below that although I am not required to release any of my Educational Records, I am giving consent to release any and all of my Educational Records, except as listed above, to the above named person(s). I understand that this consent will remain in effect until and unless I revoke such consent in writing and the revocation is received by WVWC.

Student's Signature

Date

Witness

Date

Complete one of the following:

EMAIL the completed form to: registrar@wvwc.edu

FAX the completed form to: 304-473-8531

MAIL the completed form to: WVWC, Registrar's Office
59 College Avenue
Buckhannon, WV 26201