

## 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 (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Complete one of the following:

**EMAIL** the completed form to: [registrar@wvwc.edu](mailto: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