

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

Person Releasing Information \_\_\_\_\_  
Office \_\_\_\_\_  
Phone Number \_\_\_\_\_

The purpose of the Family Educational Rights and Privacy Act of 1974 (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information concerning students and that which is contained in a student's educational record.

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) *and this consent 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 above*, but that any such revocation shall not affect disclosures previously made by WVU Parkersburg prior to the receipt of any such written revocation.

I further understand that in order for WVU Parkersburg to release my educational record to the individual(s) named below, this signed release must be executed. Therefore, I

Student Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

WVU Parkersburg ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_,

authorize WVU Parkersburg to release my specific educational records, related to \_\_\_\_\_, to all persons listed below. I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and this consent shall remain in effect only for this specific request or sooner if revoked by me, in writing, and delivered to the person at the office named above, but that any such revocation shall not affect disclosures previously made by WVU Parkersburg prior to the receipt of any such written revocation.

Person to receive Information: \_\_\_\_\_

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

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

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

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.**