



WEST VIRGINIA STATE UNIVERSITY

FERPA Release Authorization Form

The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of their educational record. Please complete and sign this form to authorize release of your educational record.

I, _____ Student ID #: _____
Student's name

Student Email: _____ Student Phone #: _____

Authorize the Title IX Coordinator/Designee at West Virginia State University to release my name and the general nature of the complaint to:

Deputy Title IX Officer/Designee at _____

Other (name, contact information): _____

I also understand that I may share additional information with my home institution at any time. The purpose of this release is to facilitate resources and support. This release of information will be in effect for 6 months from the date of the student's signature below. I understand that I make revoke this release at any time by giving written notice to the Title IX Coordinator at West Virginia State University. Any further disclosure by West Virginia State University will require an additional written consent form.

Signed: _____ Date: _____
Student

Signed: _____ Date: _____
Parent / Legal guardian if student is a minor