



WEST VIRGINIA STATE UNIVERSITY

Office of Student Financial Assistance

FERPA Consent Release Form

Office of Student Financial Assistance

2018-2019

I _____, consent to the release of personally identifiable information, by a financial
(Print Student Name)

representative of West Virginia State University, concerning my application for and payment of Federal Title IV Financial Assistance

to: _____,
(Print party/individual to whom information is to be released)

(Print Relationship to Student)

(Print party/individual to whom information is to be released)

(Print Relationship to Student)

The above named party/individual is assisting in my application for Federal Title IV Financial Assistance and has my permission to act as my representative in matters concerning my application for Federal Title IV Financial Assistance. I understand I may rescind this release at any time by supplying a written notification to the Office of Student Financial Assistance. My signature indicates that I have read and understand my rights under 34 CFR Part 99, Subpart D, section 99.30-99.31 and waive those rights to the party/individual indicated above. This release will expire in one year from the date of the release.

Student Signature

Date

Student Social Security Number