



# Potomac State College

## West Virginia University

Office of Residential Education

### Family Educational Right and Privacy Act (FERPA) Release

Student Name: \_\_\_\_\_  
Please print Last First Middle

Student ID Number: 70\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
Month Day Year

**I, the undersigned, hereby authorize Potomac State College of WVU to release the following education records and information:**

- Conduct       Grades/Academic Progress       Billing Information
- Other \_\_\_\_\_

#### Release information to:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**The College does not need your consent and will contact your parents/guardians if you are found responsible for violating Residence Hall/College alcohol and/or drug policies. The College also notifies parents/guardians if you are placed on residence hall probation, deferred removal from the halls, WVU Probation, or are removed from the Residence Halls. I further understand that (1) I have the right not to consent to the release of my education records hereunder; (2) I have the right to receive a copy of such records upon request; and (3) I understand that this consent shall remain in effect until revoked by me in writing delivered to the Office of Residential Education, but any revocation shall not affect disclosures previously made by PSC prior to the receipt of any such written revocation.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if student is under 18

**This information is released subject to the privacy 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.**