Residential Education
Potomac State College of WVU

Family Educational Right and Privacy Act (FERPA) Release

Student Name: _____ _____ _____
Please print Last First Middle

Student ID Number: 700-_____-_____

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

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 form the Residence Halls. I further 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; 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.