

**Family Educational Right and Privacy Act Release**

Please print:

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

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Student ID:   
Date of Birth: --  
Month Day Year

Information related to FERPA at WVU can be located here: <http://ferpa.wvu.edu>

**1. DEPARTMENTAL DISCLOSURES –**

I understand that (1) I have the right not to consent to the release or disclosure of my education records; (2) I have the right to inspect and review such records upon request; (3) this consent to release or disclose will remain in effect until revoked by me, in writing, and delivered to the Athletic Compliance Office. Any disclosure of information made by WVU prior to the receipt of written revocation is not affected by revocation. I further understand that in order for WVU to release information as stated below, this release must be executed. Therefore, I, the undersigned, expressly authorize Intercollegiate Athletics to do the following:

- A. Use any grade point average obtained while attending West Virginia University to promote my candidacy for conference, regional and/or national academic awards and accolades. In addition, I hereby authorize West Virginia University to use any grade point average obtained while attending West Virginia University to publicize and/or display any academic awards or recognition that I may receive.
- B. Use my Directory Information, as defined by the University's policy and/or procedure, to promote and market my team, the Intercollegiate Athletic programs, and West Virginia University.

**2. THIRD PARTY ACCESS TO RECORDS AND INFO (student-athlete may opt to skip this section) –**

In addition to items 1A and 1B stated above, by completing this Third Party Access section, I authorize, from time to time, as determined by Student Services staff within Intercollegiate Athletics, personnel within Intercollegiate Athletics to discuss or otherwise release information contained in my education records which relate to my academic performance or to my overall conduct to the individuals that I have named here:

NAME (First, Middle Initial, & Last Name)	RELATIONSHIP TO STUDENT
_____	_____
_____	_____

**3. PIN DESIGNATION FOR GUEST ACCESS ONLY –** Furthermore, I allow release of information over the telephone if the person(s) listed above can provide this five digit personal identification number (pin):

**PIN =**  (numbers only)

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

\_\_\_\_\_  
Date

***This Form MUST Be Submitted In Person to the Athletic Compliance Office with Picture ID.***