



AUTHORIZED RELEASE OF STUDENT INFORMATION Wheeling University

Name: _____ Student ID: _____
First Middle Last WU Student ID#

In accordance with the Family Educational Rights and privacy Act (FERPA) of 1974 (20 U.S.C.§ 1232), University policy prohibits the release, to third parties, of non-directory information contained in a student's educational records without the express written consent of the student. An exception to this policy is made when a student under the age of 21 is involved in alcohol or drug violations, medical emergencies, or violence-related incidents. In these cases, the parents or guardians are notified by the University.

I hereby authorize Wheeling University personnel to disclose my student information with proper identification to the person(s) listed here within this document in accordance with the selected type of information to be disclosed. Please be advised this release does not provide any official hard-copies of the student file nor does it allow for the identified entities to act on behalf of the student's interests. This waiver only gives the capacity to communicate the following selected information with the identified person(s) by the student. This consent may be revoked at any time by either updating this form or submitting written request to do so; otherwise the consent will remain effective for the duration of the student enrollment.

Identified Entities for Authorized Release of Student Information

_____ Name of Individual or Organization	_____ Relationship or Connection
_____ Name of Individual or Organization	_____ Relationship or Connection
_____ Name of Individual or Organization	_____ Relationship or Connection

Waiver for Type of Student Information in Disclosure

- | | |
|--|--|
| <input type="checkbox"/> Student Account Information (billing) | <input type="checkbox"/> Financial Aid Information |
| <input type="checkbox"/> Student Record Information (registration) | <input type="checkbox"/> General Inclusive Waiver |

Student Signature: _____ Date: _____

Certifying Signature: _____ Date: _____
Wheeling University Official (or NOTARY)



This consent will be kept on file and maintained through the Office of the Registrar. Any updates or changes to the status of this consent will therefore need to be made through this office. Upon time for this consent to be revoked, a written signed statement is needed or the student may sign below.

I hereby revoke this consent: _____ Checked for written change of status either attached or check file.
Student Signature to Revoke Consent Date Revoked

For Office Use Only	Date Received:	Initials:	Date Updated:	Initials:
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Wheeling University
Office of the Registrar
316 Washington Ave., Wheeling, WV 26003
Phone: (304) 243-2238 | Fax: (304) 243-2349 Email: registrar@wheeling.edu