



WEST LIBERTY UNIVERSITY

Registrar's Office
208 University Drive
College Union Box 145
West Liberty, WV 26074

Office: (304) 336-8007
Fax: (304) 336-8220
registrar@westliberty.edu

PERMISSION TO DISCLOSE/DISCUSS EDUCATIONAL RECORDS

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as Amended, students' have the right to have their educational records protected from release. However, a student, by written consent, can request an individual(s) to have permission to discuss his/her educational records with college officials.

Student's Name: _____

Student's SSN: _____

Students ID #: _____

Student's Phone No.: _____

Student's Permanent Address: _____

By signing below, I give the following individual, _____, permission to discuss my educational records with West Liberty University. I understand that West Liberty assumes no responsibility, or liability, caused by releasing any information to the above referenced person. Furthermore, I understand I must provide a written request to the Registrar's Office at West Liberty University in the event I wish to no longer permit the above referenced person to discuss my educational records.

Student's Signature: _____ Date: _____

