



WEST LIBERTY UNIVERSITY

Registrar's Office
145 Campus Service Center
PO Box 295
West Liberty, WV 26074

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

Authorization to Release Records

I hereby authorize West Liberty University to forward/release a **COPY** of my:

- College Transcript: _____
- High School Transcript
- ACT/SAT test scores
- Immunization records
- Other: _____

To The Following: _____

Print Student Name: _____

Social Security Number: _____ Student ID: _____

Student Signature: _____

Date: _____