



WEST LIBERTY UNIVERSITY

Registrar's Office
208 University Drive
Campus Union Box 145
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:

Previous College Transcript (Not WLU Transcript):

High School Transcript

ACT/SAT test scores

Immunization records

Other: _____

Print Student Name: _____

Social Security Number: _____ Student ID: _____

To The Following:

Name of Recipient: _____

Address: _____

Fax: _____

Email Address (PDF): _____

Student Signature: _____

Date: _____