



# WEST LIBERTY UNIVERSITY

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

Phone: 304-336-8007  
Fax: 304-336-8220  
Toll-Free: 866-West-Lib  
[registrar@westliberty.edu](mailto: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 Birthdate: \_\_\_\_\_

Student's 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: \_\_\_\_\_