

FERPA Release Authorization

Imaging ID: _____

This form is to be complete and signed by student.



Student Name: _____

Student ID #: _____

AUTHENTICATION: When a party named below contacts WVNCC they will be asked to authenticate their identity by providing a special Identifier code. You, the student, **must** create this identifier code and provide it to your third party contact. Do not choose an identifier that could easily be guessed. If your third party contact is not able to correctly provide the five digit identifier, WVNCC will not release any information from your education records. If you forget or misplace your five digit identifier, you must complete another release form to create a new code. Code must be 5 characters and may include letters or numbers and is not case sensitive.

Identifier Code: _____

Last Name	First Name	MI	Relationship to Student
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Last Name	First Name	MI	Relationship to Student
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Last Name	First Name	MI	Relationship to Student
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TYPES OF EDUCATION INFORMATION TO RELEASE (Does not apply to Financial Aid, Veterans, or Disability Services)		
CHECK	TYPE	DESCRIPTION
<input type="checkbox"/>	All Records	All records listed below. If this box is checked, no other boxes need checked.
<input type="checkbox"/>	Accounting	Includes tuition and fee balances, financial holds, and payment status.
<input type="checkbox"/>	Registration	Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.
<input type="checkbox"/>	Academic Records	Includes courses taken, grades received, GPA, academic progress, honors, transfer credit awarded, and degree(s) awarded.
<input type="checkbox"/>	Admissions	Includes dates of application, programs selected, documents received, documents pending, dates of admission, admission status and conditions of admission. Does NOT include Health Science Admission documents.

Authorization: In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, WVNCC will only disclose information from the education records of students to parents or other third parties provided the College has a written consent from the student on file. Please sign below and return to the Office of the Registrar, 1704 Market St, Wheeling WV, 26003 if you consent for the College to release your education records to your parents or any other third party. Please note: This release form will remain valid until revoked by this student in writing to the Office of the Registrar.

By signing below, I consent that WVNCC may disclose and discuss confidential information from my education record with the individual(s) listed above in reference to the purpose of the release.

Student Signature:

Date: