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| **Submitted by:** |  | **Title:** |  |
|  | officer’s signature |  |  |

**West Virginia University**

**Office of Student Activities**

**FERPA Academic Release Form**

As a student at West Virginia University and a prospective or current member of a Student Organization, I hereby consent to the release of the following information in the manner indicated below pursuant to the Family Educational Rights and Privacy Act of 1974 (“FERPA”) (20 U.S.C. § 1232g; 34 C.F.R. Part 99):

**Records to be disclosed:** Semester grade point average, cumulative grade point average, semester hours/credits enrolled, permanent address and phone number, alert slips, suspension, or academic probation standing.

**Parties to whom the records may be disclosed:** Organization/Chapter President, Organization/Chapter Advisor, Recruitment Chair/New Member Educator, Academic Chair, Honorary Societies, (Inter) National Headquarters Staff.

**Purpose of Disclosure:** For use in scholarship and general statistics, educational programming, award recognition, and verification of minimum academic standards and University enrollment.

**Length of Disclosure:** This authorization shall remain in effect until I leave the university unless earlier revoked by me, in writing and delivered to the Office of Student Activities.

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| Please type in the name, and **student ID number**, for each roster addition. Next, print the form so signatures can be added and dated. Forms should be returned to the Office of Student Activities, Mountainlair.  |

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|  | **Name (typed)** |  **Student ID #** | **Enter:**  first semester and year of affiliation  | **Signature:** I am aware of the rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit OSA to release my education records to my Student Organization. I understand that this waiver will be in effect until I leave WVU. | **Date** |
|  | John Doe | 000-00-1234 | Fall 2013 |  | 01/30/2013 |
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|  | **Name (typed)** |  **Student ID #** | **Enter:**  first semester and year of affiliation  | **Signature:** I am aware of the rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit OSA to release my education records to my Student Organization. I understand that this waiver will be in effect until I leave WVU. | **Date** |
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