

(RO-07/18)

Registrar's Office 200 High Street, Glenville, WV 2	26351 304-462-4117	Fax 304-462-8619	registrar@glenville.edu	
Student's Name (printed)		GSC Student ID #		
The Family Educational Rights and Privacy records, permits students access to their records permission of the student or by court order information without specific permission from following items as Directory Information:	cords and prohibite, while permitting	ts the release of s the continued r	records except by elease of directory	
• Student Name	• Address			
• E-Mail	• Telephone Number			
 Date and Place of Birth 	• Photograph			
• Field of Study	• Schools Attended			
• Weight and Height of athletes		• Enrollment Status		
Degrees and Awards receivedGrade Level	Dates of AttendanceParticipation in official recognized sport/activity			
Please keep in mind, if you choose to withle be able to confirm your enrollment or degreemployers or insurance companies unless to FERPA.	ees awarded with	third parties suc	ch as potential	
I hereby request that Glenville State Colle academic, or directory information to any i effect until I remove my request with the R	ndividual or ager	cies. This reque		
Student's Signature		Date		
I am requesting to remove the restriction I previously placed on all of my Directory information.				
ame: S	Signature:			

Student ID #:_____ Date: _____