



**GLENVILLE**  
**STATE UNIVERSITY**

**FERPA: Family Educational Rights and Privacy  
Act Release Form** (RO-03/22)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax 304-462-8619 registrar@glenville.edu

**Student Name:** \_\_\_\_\_ **GSU ID#:** \_\_\_\_\_

This form is to be used for the purpose of assigning rights of access to your Glenville State University education records under the Family Educational Rights and Privacy Act of 1974, commonly known as FERPA or the Buckley Amendment. FERPA is a federal law that protects the privacy of student education records.

Glenville State University is bound by FERPA in matters pertaining to rights of access and the disclosure of information in your educational records. Subject to FERPA requirements and provisions, the University may provide access to said information in accordance with your declaration, as indicated below. (NOTE: Your declaration on this form will take precedence in any instance of a conflicting declaration made by you on other GSU forms.)

**\*\*YOU MUST COMPLETE ALL SECTIONS OF THIS FORM IN ORDER FOR IT TO BE PROCESSED \*\***  
**\*DO NOT COMPLETE AND SUBMIT IF THIS FORM IS ALREADY ON FILE AND THERE ARE NO CHANGES\***

I consent to release or disclose my education records to:

**Must list below (parent, grandparent, guardian, spouse, agency, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE/E-MAIL ACCESS PASSWORD:** A FERPA password must be used by the individuals named above when requesting information via phone or e-mail. Access will not be permitted over the phone or e-mail without this password. **It is suggested you do not use your birth date, SSN or GSU ID#.** Your password can be any combination of letters, numbers or symbols.

**FERPA Password:** \_\_\_\_\_ (required for telephone or e-mail inquiries)

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to inspect and review such records upon request; and (3) this consent to release or disclose shall remain in effect for my entire enrollment period at Glenville State University unless revoked by me by submitting a FERPA Revocation Form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Return form to the Registrar's Office for processing.**  
**Form will not be accepted or processed if it is NOT completed in its entirety.**