



FERPA: Family Educational Rights and Privacy Act Release Form

(RO-10/17)

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

This form is to be used for the purpose of assigning rights of access to your Glenville State College (GSC) educational 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 your educational records. FERPA conveys to your parents certain rights with respect to these records (NOTE: FERPA regulations define "parent" to include not only a court-appointed guardian, but anyone essentially performing that role, such as a grandparent). Those rights transfer to you when you reach the age of 18 or enroll in a postsecondary school.

Under FERPA, GSC may at its discretion, disclose information in your educational records, including financial and disciplinary records, to your parents either a) with your written consent, or b) without your consent, but with documentation of your financial dependency for tax purposes. If either parent claims you as a dependent on tax returns, then either parent may be afforded access to your GSC educational records [34 CFR Sec. 99.31(a)(8)]. If you are financially independent of your parents, you must give written consent for GSC to disclose to them any information from your educational records.

As are all academic institutions, Glenville State College 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 College 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 GSC forms.) Please check the applicable statement below, then sign, date, and submit this form to the Office of the Registrar. This certification will remain in effect for your entire enrollment period at GSC unless you notify the Registrar otherwise in writing.

CONSENT TO RELEASE DECLARATION:

_____ I consent to the release of my educational records to the following individuals:

Print Name(s): _____

Assigned Password*: _____

***Do not use your birth date, SSN or GSC ID#.**

REQUEST TO PREVENT DISCLOSURE OF INFORMATION

_____ I hereby request that my personal, academic, or directory information are not to be released to any individual or agencies during my enrollment at Glenville State College. This request will remain valid for as long as I remain enrolled. I understand at the time in which I am no longer enrolled, this request will no longer be valid.

Student Signature

Date

Printed Name

GSC ID #