

**AUTHORIZATION AND RELEASE OF INFORMATION
FROM WEST VIRGINIA UNIVERSITY (WVU)**

I hereby authorize the Office of Sponsored Students at WVU to request, receive and distribute (at any time during my entire stay as a student at WVU) any and all information contained in my WVU records, per the Family Education Rights and Privacy Act (FERPA).

I represent that I am at least eighteen (18) years of age and I am enrolled in West Virginia University. I have read the above permission and release prior to its execution and am fully familiar with its contents and meaning.

Print Name

Student ID #

Signature

Date