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****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.