

Fraternity/ Sorority: _____

Please do not list local chapter name

Submitted by: _____

officer's signature

Title: _____

West Virginia University Office of Greek Life FERPA Academic Release Form

As a student at West Virginia University and a prospective or current member of a Greek Organization, I hereby consent to the release of the following information in the manner indicated below pursuant to the Family Educational Rights and Privacy Act of 1974 ("FERPA") (20 U.S.C. § 1232g; 34 C.F.R. Part 99):

Records to be disclosed: Semester grade point average, cumulative grade point average, semester hours/credits enrolled, permanent address and phone number, alert slips, suspension, or academic probation standing.

Parties to whom the records may be disclosed: Organization/Chapter President, Organization/Chapter Advisor, Recruitment Chair/New Member Educator, Academic Chair, Honorary Societies, (Inter) National Headquarters Staff.

Purpose of Disclosure: For use in scholarship and general statistics, educational programming, award recognition, and verification of minimum academic standards and University enrollment.

Length of Disclosure: This authorization shall remain in effect until I leave the university unless earlier revoked by me, in writing and delivered to the Office of Greek Life.

Please type in the name, and **student ID number**, for each roster addition. Next, print the form so signatures can be added and dated. Forms should be returned to the Office of Greek Life, Mountainlair.

Signature: I am aware of the rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit OGL to release my education records to my Organization. I understand that this waiver will be in effect until I leave WVU.

	Name (typed)	Student ID #	Enter: first semester and year of affiliation	Date
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OGL Office Use Only

Date received: _____

Received by: _____

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Name (typed)	Student ID #	Enter: first semester and year of affiliation	Signature: I am aware of the rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit OSA to release my education records to my Student Organization. I understand that this waiver will be in effect until I leave WVU.	Date
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