

Fraternity/ Sorority: \_\_\_\_\_

Please do not list local chapter name

Submitted by: \_\_\_\_\_

officer's name

Title: \_\_\_\_\_

## West Virginia University Office of Fraternity & Sorority Life FERPA Academic & Student Conduct 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, academic probation standing, and/or student conduct record on file with the Office of Student Conduct.

**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/judicial 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 Fraternity & Sorority 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 Fraternity & Sorority Life, Mountainlair.

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

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OFSL Office Use Only

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Fraternity/ Sorority:

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