

FERPA **CONSENT RELEASE FORM**

WEST VIRGINIA STATE UNIVERSITY OFFICE OF STUDENT FINANCIAL ASSISTANCE

I _____ (*print name of student*),
consent to the release of personally identifiable information, by a financial aid
representative of West Virginia State University, concerning my application for Federal Title
IV Financial Assistance to _____ (*print name
of party/individual to whom information is to be released*)
_____ (*print relationship to the student*).

The above named party/ individual is assisting in my application for Federal Title IV
Financial Assistance and has my permission to act as my representative in matters
concerning my application for Federal Title IV Financial Assistance.

I understand that I may rescind this release at any time by supplying a written
notification to the Office of Student Financial Assistance. My signature indicates that I have
read and understand my rights under 34 CFR Part 99, Subpart D, section 99.30-99.31 and
waive those rights to the party/individual indicated above. This release will expire in one
year from the date of the release.

Student Signature: _____ *

Student Social Security Number:

Date:

* must be notarized.