

**FAIRMONT STATE UNIVERSITY**  
**FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) RELEASE**

The Family Education Rights and Privacy Act (FERPA) is a federal law which protects the privacy of educational records, both financial and academic. For the student's protection, FERPA limits release of student record information without the student's explicit written consent. However, it also gives the student's parent(s)/guardian(s) the right to review those records if the parent(s)/guardian(s) claim(s) the student as a dependent on federal income tax returns.

**INSTRUCTIONS:** Students complete Part A OR parent(s)/guardian(s) complete Part B. Return the completed form to: Fairmont State University, Turley Student Services Center, 1201 Locust Avenue, Fairmont WV 26554.

**PART A: TO BE COMPLETED BY STUDENT**

If you want to authorize Fairmont State to disclose information to the person(s) named below, please complete Part A. Sign, date, and return this release to Fairmont State University at the above address.

**STUDENT DISCLOSURE AND RELEASE OF INFORMATION**

I understand that any and all personally identifiable information concerning my financial and academic records is protected under FERPA. I further understand that I may waive that protection and give access to my records to individuals of my choice. This release allows the below named individuals to access information from records maintained by the following Enrollment Services Offices: Student Accounts, Registrar, and Financial Aid & Scholarships.

I agree to waive my rights under FERPA and allow the below named person(s) to receive access to my records identified above.

NAME (First, Middle Initial, Last) – Please Print

RELATIONSHIP TO STUDENT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I acknowledge that this release is valid as long as I am a student at Fairmont State University. By signing this release, I authorize Fairmont State University to release any and all financial and academic information to the person(s) providing a valid photo ID\* listed above. I understand that I can revoke this release at any time by notifying Fairmont State University in writing.

Student Signature

Date of Birth

Student Name (please print)

ID/F# or last 4 digits of SS#

Today's Date

Student Assigned Four (4) Digit FERPA Code\*:

\*Please share this code with persons listed above for access via phone and/or email.

**PART B: TO BE COMPLETED BY THE PARENT(S)/GUARDIAN(S)**

In lieu of student's signed release, complete Part B of this form and **attach** a signed copy of parent(s)/guardian(s) most recent federal income tax return(s) to certify that the student is your dependent according to Section 152 of the Internal Revenue code. Part B is valid for **only** the current academic year. Since IRS dependency can change annually, you must submit copies of your federal income tax return(s) each year along with this form to continue access to your student's records.

In order to gain access to my son/daughter's financial and/or academic records, I certify that I am the parent(s)/guardian(s) of: (please print)

\_\_\_\_\_, ID/F# \_\_\_\_\_ or last 4 digits of SS# \_\_\_\_\_ and that he/she is my dependent according to Section 152 of the Internal Revenue Code.

Parent One (1)

Parent Two (2) (if applicable)

Today's Date

Today's Date

Parent(s)/Guardian(s) Mailing Address

**Note to Parent(s)/Guardian(s):** If your child is not a dependent as defined by IRS standards, we will only be able to release information about his/her financial and academic records if student completes Part A of this form. In case of divorce or separation where only one parent claims the child as a dependent, Fairmont State grants equal access to the other parent if Part B has been completed. Exceptions to this access require a court order or legally binding documents stating otherwise.