



DOCUMENT RELEASE FORM (NOTARY REQUIRED)

Please complete and submit this form to the Fairmont State University (FSU) Official or Office identified in Section 1. Please note that this form is **not** valid without signatures from **both** the student and the Notary.

Student Name:	Last	First	Middle
Address:	Street		
	City	State	Zip Code
Phone Number:	(<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Student ID:	<input type="text"/> F <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year

SECTION 1. FSU Official/Office Which Will Release Designated Education Records:

SECTION 2. Description of the Designated Education Records to Be Disclosed:

SECTION 3. Recipient of Education Records:

Person/Entity Receiving Records: _____

Address 1: _____

Address 2: _____

City and State: _____ Zip Code: _____

Phone Number: () -

I, the undersigned, have read and reviewed this document and expressly authorize the FSU Official or Office identified in Section 1 to release the education records identified in Section 2 to the person/entity identified in Section 3. I understand that the FSU Official or Office identified in Section 1, or a designee thereof, may access and review education records identified in Section 2 upon receipt of this document, and that the FSU Official or Office identified in Section 1, or a designee thereof, may request additional information from me before records identified in Section 2 are authorized for release to the person/entity identified in Section 3.

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student's education records. By signing this document, I understand that:

- (1) I have the right not to consent to the release or disclosure of my education records;
- (2) I have the right to inspect and review such records upon request;
- (3) This consent to release or disclose such records shall remain in effect for this one request only and may expire sooner, if revoked by me in writing and delivered to the person at the office named above in Section 1.
- (4) Any disclosure of information made by Fairmont State University prior to expiration or receipt of revocation is not affected by expiration or revocation; and
- (5) In order for Fairmont State University to release information to the recipient named below, this release must be signed by me and a Notary Public.

Student Signature Date

STATE OF _____.

COUNTY OF _____, to wit:

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

My commission expires: _____.

Notary Public Signature