STUDENT REQUEST FOR INFORMATION RELEASE OF JUDICIAL RECORDS

PERSONAL AND CONFIDENTIAL

Date:___________________

Name:________________________________________________________

Student ID No.: _______________________

I, ___________________________________, hereby authorize West Chester University of Pennsylvania to release and/or discuss my educational and judicial records to/with:
________________________________________________________________________.

This document is an acknowledgement of my voluntary consent and desire to release this information in compliance with the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C.A. §1232g.

Student Signature: ______________________________________Date: __________________

Please turn in completed form to the Office of Judicial Affairs and Student Assistance in 238 Sykes Student Union.