

**FERPA RELEASE**  
**Family Educational Rights and Privacy Act**

I, \_\_\_\_\_, give my permission for the following individuals to receive information of a confidential nature regarding my academic record in the Registrar's Office at UVa-Wise.

Please Print LAST FIRST MIDDLE

My birthdate is \_\_\_\_\_.

The following information may be disclosed:

- All records
- The following listed records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give access to the following individuals:

Name	Identifier (DOB, nickname, other)
_____	_____
_____	_____
_____	_____
_____	_____

Reason for disclosure: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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