



Office of Student Conduct | West Chester University
West Chester, PA 19383 | 610-436-3511 | fax: 610-738-0500 | www.wcupa.edu/conduct

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 Student Conduct in 200 Ruby Jones Hall.