



## Authorization to Release Educational Information

To: \_\_\_\_\_

The **Jumpstart Savings Program** by virtue of the **West Virginia State Treasurer's Office** ([www.wvjumpstart.gov](http://www.wvjumpstart.gov)) requesting confirmation of enrollment for the student named below. In accordance with the Family Educational Rights and Privacy Act (FERPA), the student's written consent is required before this information can be released.

By signing below, the student authorizes the release of the following information from their education records to the Jumpstart Savings Program/West Virginia State Treasurer's Office for the sole purpose of verifying enrollment:

- Dates of attendance
- Enrollment status (full-time, part-time, etc.)
- Program of study and/or degree sought

This authorization is voluntary, and the student may revoke it at any time by providing written notice. Revocation will not affect any disclosure made prior to receipt of such notice. Unless revoked earlier, this authorization will expire one (1) year from the date of signature.

### STUDENT INFORMATION

Name: \_\_\_\_\_

Date of Birth or Student ID: \_\_\_\_\_

School: \_\_\_\_\_

### STUDENT AUTHORIZATION

I consent to the release of my enrollment information as described above.

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

Printed Name: \_\_\_\_\_



A PROGRAM OF THE WEST VIRGINIA STATE TREASURER'S OFFICE