



MEMORANDUM

FR: Jodi Goodwin
RE: Transcript Request/Certificate Request

Thank you for your request for a transcript/certificate. Please be advised that this information is considered confidential, and without written signature, we cannot release records.

If you will provide the information requested on the bottom of this letter and return it to our office, I will forward your request to the proper department. It could take approximately 2-3 weeks from the time your request is received in our office.

There is a \$6 charge for transcripts. There is a \$10 charge for each duplicate certificate payable in advance. If requesting both transcript and certificate, please issue separate checks for each. Please include a check(s) made payable to "WVU" to cover associated costs.

Check One or Both: [] Transcript Request [] Certificate Request/Title: _____

Name _____

Address _____

City _____ State _____ Zip _____

Last 4 Digits of Social Security Number _____

Date of Birth _____

Fire Department/EMS Affiliation _____

Years of Service to the Fire Department (example 1979-1993) and/or Date of Certificate _____

Are there any other names/nicknames your records could be listed under? _____

Written Signature _____

Note: This form CANNOT be faxed as original signature and checks are required.

Please mail form to: WVU Fire Service Extension
ATTN: Jodi Goodwin
2600 Old Mill Road
Weston, WV 26452

2600 Old Mill Road
Weston, WV 26452
304-269-0875 304-269-0870
extension.wvu.edu

Cooperative Extension Service
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Reasonable accommodations will be made to provide this content in alternate formats upon request. Contact the WVU Extension Service Office of Communications at 304-293-4222.

**FAMILY EDUCATIONAL RIGHT TO PRIVACY ACT RELEASE
WEST VIRGINIA UNIVERSITY**

Name of Student: _____ Student ID: _____

DOB: _____

I, the undersigned, hereby authorize West Virginia University (WVU) to release the following education records and information:

To: _____

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to WVU, but that any such revocation shall not affect disclosures previously made by WVU prior to the receipt of any such written revocation.

Student's Signature

Date

Signature of Parent or Guardian
if student is under 18

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.