

PRE-COURSE DATA

Today's Date _____

First Name _____ Middle Initial _____

Last Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email _____

Emergency Contact _____

Relationship _____

Primary Phone _____ Alternate Phone _____

Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Work Phone _____

Job Title _____

Select employment status or type:

COURSE INFORMATION

Course Start Date _____

Course Title _____

Course Location _____
(City/Video Conferencing)

The purpose of the Family Educational Rights and Privacy Act of 1974 (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information concerning students and that which is contained in a student's educational record.

Select Yes to authorize West Virginia University (WVU) to release your education records and information regarding this course to the employer listed above.

Select No if you do not want your educational records and information release to the above employer.

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

No - I do not wish form my educational records and information to be shared at this time.

To add additional recipients to receive your educational records and information, please provide Persons(s) and Organization(s).

Optional Source #1

Optional Source #2

Optional Source #3

ACKNOWLEDGEMENTS

Check each box to acknowledge your consent and/or awareness of the following:

- 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. This form will be on file at WVU Safety & Health Extension, 1 Waterfront Place, P.O. Box 6615, Morgantown, WV 26506.
- I hereby give my consent for the image and likeness of myself to be videotaped, audiotaped, or photographed for the following uses: educational/instructional media, recruitment/outreach media, development media, and newsworthy media documentation.
- I further authorize West Virginia University, WVU Extension Service Safety & Health, and their component parts to use this electronic media and/or photographs in any manner-whole, or in part.
- This waiver includes usage of this media in any way deemed appropriate, which may include electronic and photographically reproductions thereof for the production educational, instructional, promotional, or institutional advancement materials which support the educational and outreach activities of West Virginia University.
- I hereby waive any right I may have to inspect or approve any use of this electronic media and/or photographs and I release West Virginia University and its component parts from all liability which could result from its use.
- Please check the box and your name in the box provided to attest that all information provided in this submission is true and accurate.

Name Here _____