

# FERPA WAIVER FORM

**Instructions:**

This form is to be used by the student to grant access to their records to other persons or entities, such as a parent, spouse, or employer. When completing this form, please print all items clearly to allow for correct processing. If this form is mailed or faxed, an enlarged copy of your official government issued ID, with a signature, is required.

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

I give permission to the College to release the type of information selected below to the recipient listed below:

Types of Information to Release

- All Records
- Accounting Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements and collections and debt information.
- Admission Includes dates of application, programs selected, documents received, documents pending, dates of admission, admission status and conditions of admission.
- Registration Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.
- Academic Records Includes courses taken, grades received, GPA, academic progress, honors, transfer credit awarded and degree(s) awarded.
- Financial Aid Includes all general financial aid information.

Full Name of Person authorized for these records \_\_\_\_\_

Relation \_\_\_\_\_

**\*\*\*PLEASE NOTE\*\*\***

*Records protected under FERPA will not be released without a properly completed and executed form. The person) or entity identified in this release will be required to provide proof of identity before records or information will be released to them. No information will be released via telephone.*

*I understand that this request is will remain in effect until I request in writing that the permission(s) be removed or revised.*

**Student name** \_\_\_\_\_ **Student signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**For the Registrar's Office Use Only**

Processed by: _____ Date: _____
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**Please return this form to the Registrar's Office.**