



WAIVER FOR RELEASE OF EDUCATIONAL RECORDS

This waiver is exclusively for release of student records. It is NOT a power of attorney and does not permit any person or organization to act on behalf of a student. It is merely intended to permit the release of student educational records.

DIRECTIONS FOR COMPLETING:

- Students must provide picture identification along with this form.
- The individual(s) requesting the information identified herein must also provide picture identification and, if an individual(s) is/are acting as representative(s) for an agency, valid proof of authority to act on agency's behalf.

PRINT Name (Last, First, and Middle Initial):

Date of Birth (MM/DD/YYYY):

WAIVER PROVISIONS

Consent **FULL ACCESS*** to Educational Records:

(Note: *Full access does not give authority to make changes to the student's educational record).

Educational Records may include:

- All grades
- All courses taken
- Test Scores
- Graduation information
- Disciplinary Actions
- All class schedules

Consent for **LIMITED ACCESS*** to Educational Records:

(Note: *Limited access does not give authority to make changes to the student's educational record)

- Only my academic transcript
- The following specific information or records:

One Time Use: This authorization can be used only once.

Limited Use: Authorization **Effective (Enter Date)** _____
Expiration (Enter Date) _____

Long Term Use: This authorization will remain continuously in effect for one year from the date indicated below.

Name of Individual or Agency to whom access of records may be provided to: _____

Address of Individual or Agency: _____

I understand that my records are protected under the Family Educational Rights and Privacy Act of 1974 (**FERPA**) and cannot be released without my written permission. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this has been given voluntarily. This permission is valid from the date I sign this release (unless noted differently above) when presented in person with appropriate identification. The individual and/or agency receiving this information may not disclose the information received with other parties without obtaining the express written consent of the student.

Student's Signature

Date