



## FERPA Waiver

The Family Educational Rights and Privacy Act (FERPA) specifies the rights of the students to privacy and confidentiality with respect to their education records. Completion of this form by the student grants permission to college officials to disclose and discuss the student's education records with persons specified below. The student's signature below confirms their agreement to this disclosure.

**This form must be signed by the student ONLY. It will not be valid unless signed by the STUDENT.**

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

College (SIS) ID#: \_\_\_\_\_

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

I agree to allow the following person(s) access to information about my progress in dual enrollment courses, including but not limited to grades, attendance, schedule, and payment balances.

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(3) Guidance Counselor's Name: \_\_\_\_\_

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