



TO BE COMPLETED BY THE STUDENT

Student's Name: First _____ Last _____ **X-number:** _____

FERPA

The Family Education Rights and Privacy Act (FERPA) of 1974 establishes the rights of students with regard to educational records. The act makes provision for inspection and review of educational records by students and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent must be in writing, signed and dated by the student, and include the names of the parties to whom such records can be accessed.

The act applies to all persons formerly and currently enrolled at an educational institution. Access to educational records does not give permission to make changes to the student's record.

By signing this waiver, the student voluntarily grants to the designated individuals access to confidential records within said student's educational file.

I _____ (student's name), voluntarily hereby give permission for St. John's University personnel to share and discuss the following information (check all that apply):

- Records maintained by the Office of Bursar (e.g., account balance, billing, collection activity)
- Records maintained by Student Financial Services (e.g., grants, scholarships, student loans, etc.)
- Records maintained by the Office of the Registrar (e.g., academic records, grades, grade point average, reports, evaluations, etc.)
- ALL OF THE ABOVE
- OTHER (please specify): _____

The purpose of this disclosure is to _____

Person(s) to whom above information may be released. Please PRINT clearly.

Name: First _____ Last _____
Relationship to student: Parent Spouse Attorney Other

Name: First _____ Last _____
Relationship to student: Parent Spouse Attorney Other

This waiver will be in effect from (Date) _____ until _____ (Date)

Student's Signature: _____ Date: ____/____/____
MM / DD / YYYY

This waiver may be revoked by the student at any time by advance written notice to the Office of the Registrar.

If the form is mailed or emailed from a non-St. John's University email address, please have the form notarized below.

STATE OF: _____
 COUNTY OF: _____

On this _____ day of _____, 20____, before me personally came _____, to me known and/or proved to me on the basis of satisfactory evidence to be the person described in and who executed the foregoing instrument and s/he acknowledges to me that s/he executed the same.

Notary Public