

FERPA Waiver Request

The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits an educational institution from releasing confidential, non-directory information about a student without the student's consent. A student may waive this right for a third party by completing this form. This form may only be submitted in person, or via live videoconferencing software, by the student with photo identification at the Office of the Registrar.

This form establishes permission for FSW to release any student record information to designated third parties (parents, spouse, etc.) Note: This permission does not provide third parties with the ability to change, modify, or take action on a student's record, and FSW retains authority to determine "need to know." Once this form is submitted, it is active until the student notifies the Office of the Registrar in writing to end permission.

Student Information

Student's First Name and Last Name (Print, Please)

FSW ID Number

Third Party Identification and Authentication

When the people you designate below call or visit FSW, they will be asked to authenticate their identity and provide a password. You should create a different password for each individual and provide it to them. Do not choose passwords that can be easily guessed. If the individual is not able to correctly provide the password, FSW will not release any information from your record.

DESIGNATED THIRD PARTY 1	DESIGNATED THIRD PARTY 2
LEGAL NAME:	LEGAL NAME:
RELATION to STUDENT:	RELATION to STUDENT:
PASSWORD:	PASSWORD:

Certification

In accordance with The Family Educational Rights and Privacy Act [FERPA] of 1974, FSW may only disclose information to third parties upon written consent from the student. If you submit this form, the following information, including but not limited to, may be disclosed:

- Admissions Information
- Financial and Financial Aid Information
- Demographic Information
- Records and Registration Information

By signing below, I consent that FSW may disclose and discuss any and all information contained within my education record with the parties listed above. I also affirm the parties listed above may not seek to change, amend, modify, or take action on my student record.

Student's Signature

Date

For Student-Athletes

By checking this box and signing below, I authorize the FSW athletic department to share the same information listed in the "Certification" section above with external organizations for recruitment purposes.

Student's Signature

Date

FOR OFFICE USE ONLY

Student's ID Checked.

Received and Processed by:

Date Processed