



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#: _____ (Seven-digit number generated by the complete application)

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: _____