

FERPA Waiver of Rights by Student
Permission to Release Educational Record**Student Name:** _____ **SS ID#** _____

Please print clearly.

The Family Educational Rights and Privacy Act (FERPA) of 1974 establishes the rights of students with regard to educational records. The act makes provision for inspection, review and amendment of educational records by the 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. 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. For more information, visit: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

The College maintains two types of student education records: directory information and other student records. Directory information is considered public information and may be released by the College upon request, in accordance with existing law. Any student who does not wish directory information released must submit the appropriate documentation indicating such with the Registrar's Office. Details about directory information may be found on the College website at providencecc.net.

I hereby give permission for Providence Christian College, at their discretion, to provide information concerning my educational records to the institution/person(s) identified below. I hold the authority to revoke this waiver at any time.

1. _____
Name Relationship

Address/Phone Number/Email

2. _____
Name Relationship

Address/Phone Number/Email

3. _____
Name Relationship

Address/Phone Number/Email

I understand that this request is **permanent** and will remain in effect until I request otherwise. If for any reason I decide to cancel this release, I will submit a letter withdrawing the consent, indicate the institution/person(s) affected, and send or deliver the written notice to Providence Christian College, Registrar's Office, 1539 E. Howard Street, Pasadena, CA 91104.

Signature: _____ **Date:** _____

Please return this form to the Registrar's Office by the Add/Drop deadline.

Staff Initial: _____ Date: _____