



# ST. FRANCIS COLLEGE

## BROOKLYN HEIGHTS, NEW YORK

Office of the Registrar

Tel. (718)489-5242 Fax (718)489-2059

### FERPA Waiver Form

Instructions: This form is to be used by the student to grant access to their education records, academic advising notes, act on their behalf to order transcripts, register and information concerning their classroom performance and grades to other entities besides themselves, such as a parent, spouse, etc. When completing this form, please print all items clearly to allow for correct processing.

*In signing this waiver, I \_\_\_\_\_, give access of all academic and/or financial records at St. Francis College to the individual(s) below. I hold the authority to revoke this waiver at any time.*

1.	_____	_____
	Name	Relationship
2.	_____	_____
	Name	Relationship
3.	_____	_____
	Name	Relationship
4.	_____	_____
	Name	Relationship

I understand that this request is **permanent** and will remain in effect until I request in writing that the hold(s) be removed.

_____	_____
Student name	Student signature
_____	_____
Student ID	Date

#### For SFC use only

Processed by: _____	Date: _____
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Note: 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 students for disclosure of such records to third parties. For more information visit: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>