

FERPA Waiver Form

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the college is prohibited from sharing certain information from a student's educational record without written authorization from the student. With this FERPA Waiver you may grant the College the ability to discuss this protected information with individuals or organizations (i.e., parents, guardians, spouses and employers). This waiver will remain in effect for the time period selected below or until you revoke this authorization by written, dated notice to the Registrar.

Student ID# _____ Date: _____

First Name _____ Last Name _____

Student Signature: _____

By signing this form I hereby authorize Southern State Community College to **disclose** information pertaining to my student academic record with the following designated individuals. I understand this authorization does not give the individual(s) listed any rights to view or request copies of my student academic records.

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Period of time for release of academic record information (select only one):

- Beginning ____/____/____ through ____/____/____.
- Indefinitely

My student academic record consists of:

- Admission Records
- Placement Test Scores
- Registration Records
- GPA
- Attendance
- Grades
- Billing and Account Information
- Financial Aid Records

(Note: Any student information related to discipline, disability services, or counseling services may NOT be released with this signed waiver. The student must submit written authorization with the designated department responsible for those records.)