



FERPA Information and Waiver

Student Name: _____ Student ID Number: _____

The Family Educational Rights and Privacy Act (FERPA) of 1974 (the Buckley Amendment) insures students of the right to privacy and confidentiality with respect to their educational records. With a student's written consent, the Registrar (or designee) may disclose any confidential information on file to any individual or agency named by the student.

This form is provided as a means for students to give the Registrar (or designee) permission to discuss their academic records with someone other than themselves (i.e., with a parent, guardian, etc.).

Written consent will be kept permanently on file. The Office of the Registrar (or designee) will release information regarding the student's educational record to those person(s) who have been designated on this form. If for any reason a student decides to cancel this release, he/she must submit a letter withdrawing the consent, indicate the person(s) affected, and send or deliver the written notice to: ***Office of the Registrar, Connors State College, 700 College Road, Warner, OK 74469.***

Please select one:

I **do not** wish to grant access to my education records or any directory information to any individuals or agencies.

Please allow the listed individuals or agencies **one-time** access to my records.

End date: _____

Please allow the listed individuals or agencies access to my records until I revoke the privilege.

Understanding my privacy rights under FERPA, I consent to grant access to my educational records to the individuals or agencies listed below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Password: _____ *(Student is responsible for notifying the above with the password.)*

I understand that this release allows the individuals above to discuss my educational records with college officials or to schedule an appointment to view my educational records in person. This release does NOT permit the individuals below to request official documents, make changes to my records, or otherwise conduct educational business on my behalf (i.e. order transcripts, drop/add classes). College officials may discuss details of all educational records with the individuals listed below, including grades, class schedule, academic standing (probation, etc.), disciplinary records and bursar information. It excludes sharing information from police or college medical records. This release is in effect until I revoke it in writing. **Educational Records consist of grades, transfer information, academic transcripts, and related records of academic standing.**

Student's
Signature: _____ Date: _____

Received
By: _____ Date: _____