

FERPA WAIVER REQUEST FORM

The Family Educational Rights and Privacy Act (FERPA) of 1974, is a federal law that establishes the rights of students with regard to education records, and ensures students of the right to privacy and confidentiality with respect to those records. This form is provided as a means for students to give the University of South Florida St. Petersburg permission to discuss and/or disclose their academic records with someone other than themselves (i.e., a parent, guardian, etc.).

Student's Authorization to Release Information

In signing this waiver, I, _____

*U# _____, give access off all my academic records at the University of South Florida St. Petersburg to the individual(s) listed below. **Individual must know student's USF ID Number, date of birth, and FERPA password before information can be released.***

Name	Relationship to student
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Name	Relationship to student
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I understand this release authorization remains in effect as long as I am an active student at the University of South Florida St. Petersburg or until I revoke this authorization in writing.

I have carefully read the forgoing authorization and fully understand the meaning of this waiver form. I affirm that I have signed this authorization voluntarily.

Student's Name (please Type or Print)

Signature	Date
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RETURN COMPLETED FORM TO: Registrar's Office in the Bayboro Hall Building BAY 102

OFFICE USE ONLY
 Processed by _____ Notification sent _____

 FERPA password _____ Date _____

 Student USF e-mail _____