

Division of Student Life

FERPA WAIVER

Date: _____
Staff Member: _____
Permission Granted: YES NO *WITH LIMITATIONS

Student name: _____ Age: _____

Your parent: Father Mother Other _____

Has requested to have a conversation with me regarding the following topic(s):

Student Life will not engage in any discussion regarding you without your written permission.

I, _____, *do not give permission*

I, _____, *give permission* to the above named student life staff member to talk to the following person(s) regarding the following topic(s):

Person: _____ Relationship: _____

Person: _____ Relationship: _____

Telephone number: _____

Address: _____

Topic(s): _____

Student requests time limit of: _____ 30 days _____ 60 days _____ 90 days _____ Other

*Describe any other limitations: _____

This permission is valid only for the topic listed. Should additional topics arise, you will be contacted for another waiver. This permission is limited to the person(s) named above. You may rescind this permission at any time in writing to the staff person authorized.

Student Signature: _____ Date: _____

Witness: _____