

## FERPA WAIVER— Student Education Information

The Family Education Rights and Privacy Act (FERPA) (20 U.S.C. 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. This information can be found at the Department of Education website: [www.ed.gov/policy/gen/guid/fpco/ferpa/students.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/students.html).

Denver School of Nursing asks that each student fill out a FERPA form indicating a waiver of their rights, so that staff and faculty can speak to parents or other individuals that the student identifies on the form. A student also has the right to indicate that they do not waive their FERPA rights, thus not giving permission for staff and faculty to share their academic information.

I hereby give permission for Denver School of Nursing personnel to provide information concerning my :

(Please check:)  Academic Information  Financial Information

or  Attach a description of the records to be released

to the person identified below. This form must be completed in order for Denver School of Nursing to comply with the request.

Waiver is granted until I rescind the waiver.  One Time Release of the Documents Described

Denver School of Nursing may assess the student or former student an administrative and mailing fee at the rate of .50 cents per page for any copies of records requested. I agree to pay the assessed amount prior to the release of any records.

### Student or Former Student Information

### Person to Whom Information will be released

Name \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Relationship to Student \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Street Address \_\_\_\_\_

Telephone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Student SSN \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waiver will be in effect until rescinded by student.**

I DO NOT waive my FERPA rights, thus not giving permission for staff and faculty to share my academic and/or financial information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_