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 Intensive English Program at the University of Louisiana at Lafayette permission to discuss and/or disclose their academic/conduct records with someone other than themselves (i.e., with a spon**par**ent, guardian, etc.).

Student's Authorization to Release Information

In signing this waiver, I,	ULD#,	
(first and last name)		
give access of all my academic records at the University	sity of Louisiana at Lafayette to the individual(s) listed	
below. (Individual musknow student's UL LafayetteLD	Number, date of birth, and FERPA password before	
information can be released.acknowledge that it is my responsibility to keep my financial guarantee valid		
throughout my studieat the University of Louisiana at Lafayette.		
Nameof individualor sponsoring organization:		

Relationship to student

I understand this release authorization remains in effect as long as I am a student at the University of Louisiana at Lafayette or until I revoke this authorization in writing ave 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 printfirst and last name)

Signature

Date

RETURN COMPLETED ORIGINARIM TO:

UL Lafayette-Office of International Affairs/Division of Global Engagement 620McKinley St(Room 13) Lafayette, LA 70504

Any questions regarding this form should be directedia@louisiana.edor (337) 4826819.

OFFICE USE ONLY	
Processed by:	Date:
Notification sent:	FERPAssword:
Student'sDOB:	Immigration status:
Student's email:	Home country: