



STUDENT WAIVER OF FERPA RIGHTS FOR FINANCIAL AID & STUDENT ACCOUNT COUNSELING ONLY

(A separate waiver is required through the Registrar's office for the release of academic related records.)

Student Name: _____ **Today's Date:** _____

Student ID Number: _____

The Family Educational Rights and Privacy Act (1974) protects the privacy of student records. Under the Act, students may inspect and review their educational records, may seek to amend those records, and may limit disclosure of information from those records. However, regarding anyone besides the student, access to student's records is strictly limited.

I, _____, understand that Shorter University will preserve the confidentiality of my records, in keeping with the Family Educational Rights and Privacy Act (FERPA).

In signing this form, I give express written permission for professional staff of Shorter University's Financial Aid & Business Offices to discuss my financial record and student account information with the following:

| First Name | Last Name | Relationship to You |
|------------|-----------|---------------------|
| 1. | | |
| 2. | | |
| 3. | | |

Prior to the financial aid and/or business office staff releasing information to the above named, they must be able to provide your date of birth and last four (4) digits of your social security number.

This form will remain in effect during your time as a student at Shorter or until rescinded by the student's written request, whichever comes first.

Student Signature: _____