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 permission to discuss and/or disclose their academic records with someone other than themselves (i.e., with a parent, guardian, etc.).

**Student’s Authorization to Release Information**

*In signing this waiver, I, ________________________________,*

*U#____________________, give access of all my academic records at the University of South Florida 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.)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to student</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Name</th>
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</tr>
</thead>
<tbody>
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<td></td>
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</tr>
</tbody>
</table>

*I understand this release authorization remains in effect as long as I am a student at the University of South Florida 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

RETURN COMPLETED FORM TO: Registrar’s Office in the Student Services Building SVC1034

Office of the Registrar
4204 E. Fowler Ave, SVC1034 Tampa, Fl 33620
FAX (813) 974-5271 privacy@usf.edu

FERPA WAIVER REQUEST FORM

OFFICE USE ONLY
Processed by __________________________
Notification Sent __________________________
FERPA Password __________________________
Date __________________________
Student USF e-mail __________________________