

Student Name _____	Student ID # _____
--------------------	--------------------

"The Family Rights and Privacy Act (FERPA) of 1974 guarantees that the academic records for students over 18 years old cannot be discussed with anyone except the student or authorized College personnel. However, certain information classified as "Directory Information" is available for public consumption unless the student specifically directs that it be withheld. Public Directory Information as defined by the act includes: Student's name, addresses, College email, telephone listing, date and place of birth, major field of study, class year, participation in officially recognized activities, dates of attendance, status (full-time, half-time, part-time), degrees, honors, and awards received, and the most recent previous educational institution attended. The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, affords students certain rights with respect to their education records".

FERPA is a Federal law that protects the privacy of student education records. These records include, but are not limited to, grades, financial records and other personal information. Laboure is committed to following federal law and protecting the privacy of students and will not inappropriately disclose any protected information from our student records. By signing this waiver a student is restricting the designated College personnel from sharing information with specified individuals and/or parties. The student also have the option of restricting all non-directory information being shared with anyone.

I do not wish information to be released to the following person(s) and/or parties:

1. _____	Relationship to student: _____
2. _____	Relationship to student: _____
3. _____	Relationship to student: _____

The above individual(s) and/or parties are not authorized to receive the following information:

- Financial Data (Student Accounts, Financial Aid)
- Student Data (Enrollment, Accommodations, General information)

I do not wish anyone to have access to the following information:

- Financial Data (Student Accounts, Financial Aid)
- Student Data (Enrollment, Accommodations, General information)

I have read this document in its entirety and I understand the content. I understand that I have the option to make any changes by contacting the Office of the Registrar.

Student Signature: _____ Date: _____

Complete and return to:
Office of the Registrar
303 Adams Street, Milton, MA 02186
Fax: (617) 296-7947
Email: registrar@laboure.edu

Office Use Only		
Processed by: _____	Date: _____	
ID 1.) _____	ID 2.) _____	ID 3.) _____