

# Office of the Registrar

## Family Educational Rights and Privacy Act (FERPA) Waiver Form

### Authorization to Release information to a Third Party

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Student Name	Student ID
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"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. Labouré 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 authorizing the designated College personnel to share information with select individuals and/or parties; however, the student will remain the primary contact person.

I hereby authorize said disclosure to be made to the following person(s):

1. \_\_\_\_\_ Relationship to student: \_\_\_\_\_
2. \_\_\_\_\_ Relationship to student: \_\_\_\_\_
3. \_\_\_\_\_ Relationship to student: \_\_\_\_\_

The above individual(s) are authorized to receive 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 in order to rescind this waiver I must do so in writing to the Registrar's Office, One-Stop Student Service Center.

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

Complete and return to:  
Labouré College  
Office of the Registrar  
303 Adams Street, Milton, MA 02186  
Fax: (617) 296-7947

Email: [registrar@laboure.edu](mailto:registrar@laboure.edu)

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