



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

Student’s Authorization to Release Information

In signing this waiver, I, _____, CLID# _____, give access of all my academic/financial records at the University of Louisiana at Lafayette to the individual(s) listed below. (Individual must know student’s UL Lafayette CL ID Number, date of birth, and FERPA password before information can be released.)

Name _____

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. 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: Office of University Housing by mail to P O Box 43690 Lafayette LA 70504, or email to oncampusliving@louisiana.edu, or fax to 337-482-6124.

OFFICE USE ONLY
Processed by _____
Notification Sent _____
FERPA Password _____
Date _____
Student’s e-mail _____