East Central College
FERPA Privacy Waiver

I request the release of the following records:
☐ academic
☐ financial
☐ other - please specify: ______________________________________________________________

to the person(s) listed below for the purpose of discussing my
☐ academic progress
☐ financial status
☐ other - please specify: ______________________________________________________________

Please Note: This FERPA Waiver remains on student’s account until it is removed by the student.

Release to (Printed): __________________________________________________________________

Relationship to student (Printed): _______________________________________________________

Student Signature: ____________________________________________________________________

Student Name (Printed): ______________________________________Student ID: __________________

Authorized College Official must sign and date as a Witness:
________________________________________________________
Authorized Official Signature
________________________________________________________
Authorized Official Printed Name
________________________________________________________
Date

If faxed or mailed to ECC, this release must be signed in the presence of a Notary Public.

Notary Seal

Signature of Notary: ___________________________ Date: ___________________________

*FERPA contains provisions for the release of personally identifiable information without student consent to financial aid organizations, health agencies in emergencies, court officials, third parties with valid subpoenas and others as defined in the provisions of the Family Educational Rights and Privacy Act. Please consult the East Central College Registrar if you have questions regarding FERPA.