



# 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 Bergen Community College 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, \_\_\_\_\_, ID# \_\_\_\_\_ allow access to all my student records at Bergen Community College to the individuals listed below.

\_\_\_\_\_  
Name Relationship to student

\_\_\_\_\_  
Name Relationship to student

*I am aware this release authorization remains in effect as long as I am a student at Bergen Community College or until I revoke this authorization in writing.*

*I fully understand the meaning of this waiver form and affirm that I have signed it voluntarily.*

\_\_\_\_\_  
Students Name (Print) Email

\_\_\_\_\_  
Address City, State, Zip Code

\_\_\_\_\_  
Home Phone Number Cellphone Number

\_\_\_\_\_  
Signature Date

**OFFICE USE ONLY**  
Processed by \_\_\_\_\_ Date \_\_\_\_\_