

**STUDENT'S NAME (last, first)** \_\_\_\_\_

**College-Wide ID A** \_\_\_\_\_ **Date** \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) regulations were revised and republished on November 21, 1996. FERPA set out requirements designed to afford parents and students rights with respect to student educational records. In addition, it puts limits on what information Westfield State College can disclose without having received prior consent.

In accordance with the Family Rights and Privacy Act, the undersigned student hereby permits Westfield State College to disclose information specified below to his/her parent(s)/legal guardian(s) as listed on this request to enable them to follow the student's progress. This consent shall be valid throughout the student's enrollment, but may be modified or rescinded in writing by the student. Any interruption in the student's enrollment (withdrawal or termination) will void this authorization; however, a new waiver form may be completed by the student should he/she reenroll. Information provided to parent(s)/legal guardian(s) is for their use only and should not be disclosed to third parties without the student's authorization.

*Note: Parents or legal guardians of dependent students may, at the College's discretion, receive information concerning the student's enrollment without a student waiver being required. As defined by FERPA, a student is considered dependent if the parent(s)/legal guardian(s) can claim the student as a dependent for income tax purposes.*

**STUDENT AUTHORIZATION TO RELEASE ENROLLMENT INFORMATION: (please specify in this space all enrollment records you authorize Westfield State College to release to the individual(s) recorded below)**

**I authorize the release of the information checked below to my parent(s)/legal guardians as listed below.**

**Grades** \_\_\_\_ **Grade point average** \_\_\_\_ **All Correspondence** \_\_\_\_ **Contents of Academic Record** \_\_\_\_

**Class schedule** \_\_\_\_

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

PLEASE PRINT:

Parent/Legal Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_