

Waiver of FERPA Rights (Family Education and Privacy Act of 1974)

Student Name (Please print) _____

According to the Family Educational Rights and Privacy Act of 1974, as amended, Occidental College is required to secure your permission before giving out information concerning the contents of your student files. Please sign this waiver, enabling us to discuss your record with the individual(s) listed below. Please return this form to the **Registrar's Office**.

The following is considered directory information that can be released without the student's consent:
Student name, permanent & campus address, telephone numbers, participation of officially recognized activities & sports, date & place of birth, weight/height of athletic students, major field of study, previous residence while at Oxy, post office box & email, jobs on campus, salary while holding a campus job, student photo, degrees and awards received, dates of attendance at Oxy, full-time/part-time status, and Immediate Previous Institution.

Note: If you wish for your information to be kept confidential, you will not appear in the student directory or email search.

I DO NOT WANT MY DIRECTORY INFORMATION RELEASED (Keep Confidential)

The release of all non-directory information must be authorized by the student.

I authorize the following office(s) to release information contained in my student file:

- Registrar's Office (Academic Records) Dean of Students (Conduct/Disabilities/Other Records)
 Financial Aid records and Financial Records

I authorize the release of this information to the following individual(s) upon request:

_____ Street address, City, State, Zip
Full Name

_____ Street address, City, State, Zip
Full Name

This is not an authorization for automatic information. The individuals above will be required to contact the appropriate office(s) when the information is desired. The one exception to this is the Grade Report. **A copy of the grade report will be automatically sent to the individuals above at the end of the fall and spring semesters if the box next to the Registrar is checked.**

THIS WAIVER OF FERPA RIGHTS WILL REMAIN IN EFFECT UNTIL CONSENT IS WITHDRAWN BY CHECKING THE BOX BELOW:

I withdraw my consent to release information to the individual(s) listed above.

Signature of Student _____ I.D.#: _____ Date: _____

Note: to grant access to health records students must contact the Emmons Health Center.