



**UMass**

**Dartmouth**

COLLEGE OF ENGINEERING

# ACADEMIC RECORDS FERPA WAIVER

<b>Name of Student</b> (Last, First, Middle Initial) _____	<b>8-digit UMassD ID:</b> 00_____	<b>Date:</b> _____
---	--------------------------------------	-----------------------

**FERPA:**

The Family Educational Rights and Privacy Act (FERPA) of 1974 establishes the rights of students with regard to educational records. The act makes provision for inspection, review and amendment of educational records by the students and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent must be in writing, signed and dated by the student and must specify records to be released, reason for release, and the names of the parties to whom such records shall be released. The act applies to all persons formerly and currently enrolled at an educational institution. Access to educational records does not give permission to make changes to the student's record.

For more information visit: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

**Check All that Apply:**

- I hereby give permission for UMass Dartmouth personnel to provide information concerning my academic transcript to the person(s) identified below.
- I hereby give permission for UMass Dartmouth personnel to provide information concerning my academic advising notes to the person(s) identified below.
- I hereby give permission for UMass Dartmouth faculty, at their discretion, to provide information concerning my in class performance and grades to the person(s) identified below.

**Check one:**

- This waiver will be in effect as long as I am a student at UMass Dartmouth.
- This waiver will be in effect from: (Date) \_\_\_\_\_ until: (Date) \_\_\_\_\_

**Person(s) to whom information (as checked above) may be released.** Please PRINT clearly.

Name (Last, First): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name (Last, First): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

**SIGN and DATE:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to the Registrar's Office, University of Massachusetts Dartmouth, N. Dartmouth, MA 02747  
Or Fax to: Registrar's Office: 508-999-8183  
REGISTRAR'S OFFICE: Please fax a copy to College of Engineering Dean's Office: 508-999-9137