



**Authorization and Request for Release of Academic Records (FERPA Wavier)**

The Family Educational Rights and Privacy Act of 1974 (FERPA) establishes the privacy rights of students with regard to educational records which are not classified as directory information. The act requires, in most instances, prior consent from the student for disclosure of such records to third parties.

Name of Student: \_\_\_\_\_ BUID: \_\_\_\_\_

I hereby authorize and instruct to disclose, make available, furnish and release the following information relating to or concerning me to the assignee(s) without my further consent:

Authorized Individual(s) Name(s): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Check all that apply:**

- academic grades: \_\_\_\_\_
- academic records: \_\_\_\_\_
- housing and campus activities information and actions: \_\_\_\_\_
- information regarding security incidents: \_\_\_\_\_
- information regarding disciplinary proceedings: \_\_\_\_\_

This consent and authorization shall remain in effect until written revocation from me is received by the university. A photocopy of this authorization shall be considered as valid as the originally signed document.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** if in the future, you wish to rescind your request to release records, you must return to the Registrar's Office and sign below.

I hereby rescind my request to release information to the above named individual.

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

Return to: Bucknell University, Office of the Registrar, 102 Marts Hall, Lewisburg, PA 17837



**FOR OFFICE USE ONLY**

Form processed by: \_\_\_\_\_ Date: \_\_\_\_\_