



FERPA Waiver of Rights

Part One: Student Information

Student Name: _____ Student ID#: _____

Part Two: Authorization

I grant permission for Central Connecticut State University to release my educational records to:

Name(s): _____

Address: _____

For the purposes of: _____

Provide a one word **PASSCODE**, which the above named party will provide to CCSU in order to verify your authorization:

Part Three: Student Acknowledgement

My waiver authorization is made in accordance with Central Connecticut State University's [FERPA Policy Notice](#) and [Directory Information Policy](#).

My request to authorize the release of my educational record to the above-named party will remain in effect until I amend this consent in writing.

Student Signature: _____ Date: _____