



Student's Name: _____

Student's I.D. Number: 900-_____

PRIVACY WAIVER

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the following person/people have my permission to be present in a meeting or telephone conversation where confidential information about me may be discussed. _ _ _ _ _

Name

Phone Number

Email Address

_____	_____	_____
_____	_____	_____
_____	_____	_____

(Student's Signature)

Date: _____

