

Family Educational Rights and Privacy Act (FERPA) Waiver Form

Student Name _____ Student ID _____

The Family Educational Rights and Privacy Act (FERPA) of 1974, is a federal law that ensures students the right to privacy and confidentiality with respect to their educational records. FERPA allows schools to disclose directory information without consent. For the NPRC, directory information includes a student’s name, address, telephone number, date and place of birth, honors and awards, and term of attendance. If you do not wish for directory information to be released, please complete the Directory Information form available at <https://regionalcollegepa.org/wp-content/uploads/2020/02/FORM-0012-Directory-Information.pdf>.

If you wish for the NPRC to share your academic or financial records with another person or organization, please complete the form below.

<input type="checkbox"/> I grant records access to the person named below	
<input type="checkbox"/> I revoke records access to the person named below	
Name:	
Relationship to Student:	
Phone:	
Email:	

I consent to the release of the following records:	
Academic	Financial
<input type="checkbox"/> All Records	<input type="checkbox"/> All Records
<input type="checkbox"/> Transcripts	<input type="checkbox"/> Student Account Information
<input type="checkbox"/> Grades	<input type="checkbox"/> Financial Aid Award
<input type="checkbox"/> Grade Point Average (GPA)	<input type="checkbox"/> Institutional Aid
<input type="checkbox"/> Disciplinary Records	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Academic Standing	
<input type="checkbox"/> Attendance	
<input type="checkbox"/> Certifications/Credentials Earned	
<input type="checkbox"/> Other (Specify)	

This agreement is in effect from the date signed through May 25th of the following year. This agreement may be revoked or modified at any time by submitting a new form to the Office of the Registrar.

By signing this document, I give or revoke consent for College officials to share the contents of my academic and/or financial records with the individuals listed through verbal or written form. I have a right to inspect any written records released except for parent’s financial records.

Student Signature _____ Date _____

Please return completed form to:
 Northern Pennsylvania Regional College
 Attn. Registrar
 300 2nd Ave., Suite 500
 Warren, PA 16365
 Email: registrar@rrcnpa.org
 Fax: (814) 313-7320