Student Name (please print): _____
ASU CID: _____

Angelo State University
FERPA Waiver
Authorization to Release Student Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 establishes the privacy rights of students with regard to educational records which are not classified as directory information. The act makes provision of inspection, review, and amendment of educational records by the student 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. The act applies to all persons formerly and currently enrolled at an educational institution. No exclusion is made for non-U.S. citizen students. However, the act does not apply to a person who has applied for admission, but who never actually enrolled in or attended the institution, and deceased persons.

For additional information, please see the Student Handbook which is available on the website at www.angelo.edu.

PERSON(S) TO WHOM INFORMATION MAY BE RELEASED:

1. Name: _____ Street Address: _____
Relationship to Student: _____ City, State, & Zip Code: _____
Last 4-Digits SSN: _____ DOB: ___/___/_____ Home Phone: _____
E-mail: _____ Cell Phone: _____

2. Name: _____ Street Address: _____
Relationship to Student: _____ City, State, & Zip Code: _____
Last 4-Digits SSN: _____ DOB: ___/___/_____ Home Phone: _____
E-mail: _____ Cell Phone: _____

The following must be signed in the presence of ASU Registrar Staff or a Notary Public (MUST have photo ID).
I hereby give permission for Angelo State University personnel to provide information concerning my educational records to the person(s) identified above. This form must be completed in order for Angelo State University to comply with the request. I understand that this waiver will be in effect until I submit a written request to the Office of the Registrar to cancel this authorization.

Student Signature: _____ ***Date:*** _____

If not delivering in person, the following section must be completed by a Notary Public:

State of _____ County of _____

On this _____ day of _____, 20____, _____ personally appeared before me,

(Check One): ☐who is personally known to me OR ☐whose identity I proved on the basis of _____,

to be the signer of the above instrument.

Notary Public _____

Residing at _____

(Personalized Seal)

My commission expires: _____

Deliver by mail to:	**Deliver in person or fax to:**	**FOR OFFICE USE ONLY**
Office of the Registrar ASU Station #10898 San Angelo, TX 76909-0898	Office of the Registrar Hardeman Building Fax: 325.942.2553	**Waiver will be in effect until rescinded by student.** Cancellation Date: _____ Student Signature: _____