

# FERPA WAIVER REQUEST FORM

The Family Educational Rights and Privacy Act (FERPA) of 1974, is a federal law that establishes the rights of students with regard to education records, and ensures students of the right to privacy and confidentiality with respect to those records. This form is provided as a means for students to give the Intensive English Program at the University of Louisiana at Lafayette permission to discuss and/or disclose their academic/conduct records with someone other than themselves (i.e., with a sponsor, parent, guardian, etc.).

## Student's Authorization to Release Information

In signing this waiver, I, \_\_\_\_\_ ULID# \_\_\_\_\_,  
(first and last name)

give access of all my academic records at the University of Louisiana at Lafayette to the individual(s) listed below. (Individual must know student's UL Lafayette ULID Number, date of birth, and FERPA password before information can be released.) I acknowledge that it is my responsibility to keep my financial guarantee valid throughout my studies at the University of Louisiana at Lafayette.

Name of individual or sponsoring organization: \_\_\_\_\_

Their contact information: \_\_\_\_\_  
(email address) (phone number)

Relationship to student \_\_\_\_\_

I understand this release authorization remains in effect as long as I am a student at the University of Louisiana at Lafayette or until I revoke this authorization in writing. I have carefully read the forgoing authorization and fully understand the meaning of this waiver form. I affirm that I have signed this authorization voluntarily.

Student's name (please type or print first and last name) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## RETURN COMPLETED ORIGINAL TO:

UL Lafayette-Office of International Affairs/Division of Global Engagement  
620 McKinley St (Room 136)  
Lafayette, LA 70504

Any questions regarding this form should be directed to [dia@louisiana.edu](mailto:dia@louisiana.edu) or (337) 482-6819.

### OFFICE USE ONLY

Processed by: \_\_\_\_\_

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

Notification sent: \_\_\_\_\_

FERPA password: \_\_\_\_\_

Student's DOB: \_\_\_\_\_

Immigration status: \_\_\_\_\_

Student's email: \_\_\_\_\_

Home country: \_\_\_\_\_