

Waiver of Privacy Rights Under the Family Educational Rights and Privacy Act (FERPA)

By signing this Waiver, I, *(insert student name and ID number)*, give University of Louisville representative(s), *(list all of those that have permission)*, consent/permission to discuss in detail with the designated representative(s) listed below. The following specific **undergraduate/graduate** education records in addition to directory information for the following purpose:

Please provide a detailed explanation of the purpose of the discussion:

I understand that by giving my consent to allow the University of Louisville representative(s) above to discuss only the above education records with the designated person(s), the University of Louisville is in compliance with FERPA. I understand that this waiver will be in effect for today's date only. I will inform the designee(s) below that any information s/he receives may not be transmitted to a third party.

 Printed Name of
 Designated Representative

 Printed Name of
 Designated Representative

 Student's Signature and Student ID

 Date

Please return the completed form to your undergraduate academic advisor or Tammy Albers at tammy.albers@louisville.edu if you are a graduate student. Forms submitted via email must be submitted with using your UofL email address.