FERPA WAIVER/BLOCK

Student ID: __________________________ Date: __________________________

Student Name:

________________________________________  __________________________________  __________________________________
Last               First            Middle Initial

________________________________________  __________________________________  __________________________________
Last               First            Middle Initial

FAMILY EDUCATION RIGHTS AND PRIVACY ACT

The College recognizes that maintaining student information and academic records is vital to the student’s education and to institutional research. The College is obligated to exercise discretion in recording and disseminating information about all students to ensure that privacy is maintained.

In accordance with the Family education Rights and Privacy Act (Sec. 513 of P.L. 93-380, Education Amendments of 1974, which amends the General Education Provisions act Sec. 438, postsecondary students attending Nunez Community College have access to their official records.

FERPA WAIVER

Check all that apply:

☐ I hereby give permission for Nunez Community College personnel to provide information concerning my academic transcript to the person(s) identified below.

☐ I hereby rescind my previous permission for Nunez Community College personnel and/or faculty to provide information concerning my academic records to the person(s) identified below.

Person(s) to whom information (as checked below) may be released or rescinded:

(Please PRINT clearly)

________________________________________  __________________________________  __________________________________
Last               First            M Initial            Relationship to Student

________________________________________  __________________________________  __________________________________
Last               First            M Initial            Relationship to Student

Student Signature: __________________________ Date: __________________________

FERPA BLOCK

A student who desires that any or all of the above listed information not be released must notify the Dean of Strategic Enrollment and Student Success in writing each semester within 10 days after the final day of registration.

☐ I request Nunez Community College block all information concerning my academic records to all inquiries.

Student Signature: __________________________ Date: __________________________

The student must return this form IN PERSON, and present a valid photo ID, to the Office of Student Affairs, 3710 Paris Road, Chalmette, LA 70043

ID Verified By: __________________________ Date: __________________________

Processed By: __________________________ Date: __________________________

Comment Posted on SPACMNT: __________________________ Date: __________________________