



**Office of the Registrar**  
 4204 E. Fowler Ave, SVC1034 Tampa, FL 33620  
 FAX (813) 974-5271 [privacy@usf.edu](mailto:privacy@usf.edu)  
**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 University of South Florida permission to discuss and/or disclose their academic records with someone other than themselves (i.e., with a parent, guardian, etc.).

**Student’s Authorization to Release Information**

*In signing this waiver, I, \_\_\_\_\_,*

*U# \_\_\_\_\_, give access of all my academic records at the University of South Florida to the individual(s) listed below. (Individual must know student’s USF ID Number, date of birth, and FERPA password before information can be released.)*

|      |                         |
|------|-------------------------|
| Name | Relationship to student |
|------|-------------------------|

|      |                         |
|------|-------------------------|
| Name | Relationship to student |
|------|-------------------------|

*I understand this release authorization remains in effect as long as I am a student at the University of South Florida 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)

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

RETURN COMPLETED FORM TO: Registrar’s Office in the Student Services Building SVC1034

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| <b>OFFICE USE ONLY</b>                     |
| Processed by _____ Notification Sent _____ |
| FERPA Password _____ Date _____            |
| Student USF e-mail _____                   |