



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

WAIVER FORM

I _____, by signing this waiver
(please print name)

Please check one:

- GRANT PERMISSION to personnel of the Dean's Office, L.C. Smith College of Engineering & Computer Science, to discuss with my parents, legal guardians, or spouse any and all matters pertaining to my curriculum, progress, mid semester report and grades.
- DENY PERMISSION to personnel of the Dean's Office, L.C. Smith College of Engineering & Computer Science, to discuss with my parents, legal guardians, or spouse any and all matters pertaining to my curriculum, progress, mid semester report and grades.
- GRANT PERMISSION to my instructors to discuss with my parents, legal guardians, or spouse any and all matters pertaining to my curriculum, progress, mid semester report and grades.
- DENY PERMISSION to my instructors to discuss with my parents, legal guardians, or spouse any and all matters pertaining to my curriculum, progress, mid semester report and grades.

Signed

ID Number

Date

Parents, Legal Guardian or Spouse's Name and telephone number:
