

Wingate University

Student Waiver of FERPA for the Release of Educational Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is Federal law designed to protect the privacy aspects of a student's educational record. It regulates the use and disclosure of personal information in educational records and permits a student to know what material is maintained in those records. A copy of the Family Educational Rights and Privacy Act of 1974 is on file in the Registrar's Office in the Stegall Administration Building. You can also obtain more information through the U.S. Department of Education's website: www.ed.gov/policy/gen/guid/fpco/ferpa/.

Student Name: _____

Student ID: P _____

Section A – Release of Financial Records (Required)

In order to maintain privacy the student will create a unique Authorization Password. The Authorization Password will be a **one word** (no numbers or special characters) code that will authorize the Office of Student Financial Planning to discuss confidential account information for the purposes of understanding and meeting University related financial obligations with the person(s) to whom the password is given. This password does not grant the release of FAFSA specific information (further information provided below).

Password: _____

Important Notes:

- ◆ General information can be released to the student and/or family member(s) that has been granted the authorization password created above. General Information to exclude: FAFSA, IRS Tax, and W2 data.
- ◆ Dependent Students: Only the student and parent(s) listed on the FAFSA will have access to FAFSA related information. For example: IRS Tax and Wage data.
- ◆ Independent Students: Only the student and spouse (if applicable) listed on the FAFSA will have access to FAFSA related information. For example: IRS Tax and Wage data.
- ◆ Telephone Requests: The caller will have to provide accurate answers to a series of questions provided by the Financial Aid Administrator in order to verify his/her identity.
- ◆ In-Person Requests: You must provide a valid State/Federal Photo ID to the Financial Aid Administrator.
- ◆ We **will not** release any personal or financial information via email, with the exception of correspondence sent to the student's authorized Wingate University email.
- ◆ This form will only be completed once and will remain on file as long as the student is enrolled at Wingate University. Any changes to this form must be made in person and will require the student to present their Photo ID.

Student Signature: _____

Date: _____

(DO NOT PRINT OR TYPE YOUR NAME)

Fax: 704-233-9396

Mail: Wingate University / Office of Student Financial Planning / PO Box 159 / Wingate NC 28174

Email: To return via email, visit www.wingate.edu/student-financial-planning/forms/ for encryption instructions.

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Student Name: _____

Student ID: **P** _____

Section B – Release of Educational/Academic Records (Optional)

I want my parent(s) to have access to my educational/academic records and therefore, I waive my rights under FERPA to maintain the confidentiality of such information with respect to my parents. I acknowledge that with this waiver, Wingate University will be free to disclose to my parents any educational records the University has about me.

Authorization for Release of Educational Records by the University Registrar's Office

Parent(s) Name: _____

Student Signature: _____

Date: _____

(DO NOT PRINT OR TYPE YOUR NAME)

Section C – Release of University Reports or Disciplinary Records (Optional)

I want my parent(s) to have access to the records held by the Office of Student Life (Student Disciplinary Record or University Reports) and therefore, I waive my rights under FERPA to maintain the confidentiality of such information. I understand that I may not currently have a record on file, but Wingate University can share information to any individual listed below in the event that a record is created in the future.

Authorization for Release of Disciplinary Records / University Reports by the Office of Student Life

Name of Person(s) authorized to access student record:

Full Name &
Relationship to Student: _____

Student Signature: _____

Date: _____

(DO NOT PRINT OR TYPE YOUR NAME)

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