



TANEJA COLLEGE OF PHARMACY 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 of the **Doctor of Pharmacy program** to give the University of South Florida Taneja College of Pharmacy 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, _____,
ID# _____, give access to my records at the University of South Florida to the individual listed below.

_____	_____	
Name	Relationship to Student	
Type of Record	Give Access	Revoke Access
Financial (Financial Aid, Billing)	_____	_____
Education (Grades, Academic Standing, Conduct)	_____	_____

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: Records and Registration Office in MDC 1117 or fax to (813) 905-9890