



Student Information Release (FERPA WAIVER)

Students must submit this form in person to the Office of the Registrar. If you are mailing, faxing, or emailing this form, please include a legible copy of your government-issued photo ID or MU ID Card.

FERPA (Family Education Rights and Privacy Act of 1974 as amended (the Buckley Amendment) protects the confidentiality of students' educational records. FERPA prohibits the release of confidential information related to a student's educational record to anyone except authorized Marymount University personnel. Marymount University cannot release to the public any academic information without written consent except for the following "directory" information:

- Student's name
- On-campus and off-campus addresses
- Telephone number
- Email address
- Date and place of birth
- Major field of study
- Dates of Attendance
- Grade Level
- Enrollment status (undergraduate or graduate; full-time or part-time)
- Participation in officially recognized activities/sports
- Height and weight of members of athletic teams
- Degrees earned
- Awards and honors, including Dean's List
- Most recent institution attended by student

Students may request that "directory" information also not be released without written consent. To enact this right, please contact the University Registrar. Students also have the right to inspect their educational records within 45 days of the date of the request. To give Marymount University permission to release non-directory information from your educational records to a third party (e.g. parent/guardian), please complete the form below. Students may also submit requests for specific record/incident release by attaching a statement to this FERPA Waiver.

Virginia law precludes Marymount from disclosing the address, telephone number, or email address of a currently enrolled student, pursuant to 34 C.F.R. § 99.31(a)(11), unless the student has affirmatively consented in writing to such disclosure.

STUDENT INFORMATION:

Name: _____

Student ID: _____

MU Email: _____

Phone: _____

STUDENT CONSENT*: I hereby authorize the following changes regarding third party access:

Third Party

Relationship to Student

Third Party

Relationship to Student

Record Type:

Educational Records (Including: Grades/GPA, advisor, demographic, registration, student ID number, academic progress status, attendance records, and/or enrollment information)

Student Account Records (Including: Billing statements, charges, credits, payments, past due amounts, and/or collection activity)

Financial Aid Records (Including: Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress)

Office of Campus and Residential Services Records (Including: Housing file)

Student Employment Records (Including: Contracts, payroll, W2 and I9 forms, and/or employment verification)

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Student Signature

Date

***Note:** Your consent will remain in effect until you submit a new form to the Office of the Registrar to change access.

Office of the Registrar
2807 North Glebe Road
Arlington, VA 22207

Phone: (703) 284-1520
Fax: (703) 516-4505
registrar@marymount.edu

REGISTRAR'S OFFICE USE ONLY	
<input type="checkbox"/>	ID Confirmed
<input type="checkbox"/>	Entered in Colleague
_____	_____
Staff Initials	Date