FERPA RECORD RELEASE WAIVER

Academic Program:
☐ DO ☐ MSMHS-COM ☐ Pharmacy ☐ MSMHS-COP ☐ Education ☐ Joint MSPAS/MPH ☐ Public Health ☐ Nursing

Name ____________________________________________ Class of ________ Student ID# ________ (required)
Phone Number __________________________ Email Address __________________________

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
The Family Educational Rights and Privacy Act (FERPA) of 1974 establish the rights of students with regard to educational records. The act makes provision for inspection and review of educational records by the students and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent must be in writing, signed and dated by the student, and include the names of the parties to whom such records can be accessed. The Act applies to all persons formerly and currently enrolled at an educational institution. Access to educational records does not give permission to make changes to the student’s record.

☐ I, ___________________________________________ (print your name) voluntarily grant permission for Touro University California personnel to share and discuss the following information (check all that apply):
☐ Records maintained by the Office of the Bursar (account balance, billing, collection activity, etc.)
☐ Records maintained by the Financial Aid Office (grants, scholarships, student loans, etc.)
☐ Records maintained by the Office of the Registrar (academics, grades, GPA, attendance, reports, evaluations, etc.)
☐ OTHER (please specify) ___________________________________________

with the person(s) listed below: (required)

Name (please print) ____________________________________________
Relationship to student: ☐ Parent ☐ Spouse ☐ Attorney ☐ Other ____________________________________________
Name (please print) ____________________________________________
Relationship to student: ☐ Parent ☐ Spouse ☐ Attorney ☐ Other ____________________________________________

☐ I DO NOT grant permission for Touro University California personnel to share or discuss any confidential information.

Check one:
☐ This waiver will be in effect as long as I am a student at Touro University California
☐ This waiver will be in effect from: (Date) __________________________ until: (Date) __________________________

This waiver may be revoked by the student at any time with advanced written notice to the Office of the Registrar.

Student Signature ____________________________________________ Date __________________________

Please return this form to the Office of the Registrar, in person, by mail, by fax or by TUC electronic mail.
Waivers received via mail or fax must be ratified by TUC with an email to the student and the student’s confirmation.
Proper photo identification will be required for submission as well as access.
Due to stringent security concerns, any waivers submitted via non-TUC electronic mail will not be processed.

For Office Use Only:
Date Received ________________ Processed By __________ cc: ☐ Office of the Bursar ☐ Financial Aid Office ☐ Other