



Skyhawk Station

Skyhawk Station, Room 160
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FERPA WAIVER (Family Educational Rights and Privacy Act Waiver)

The Family Educational Rights and Privacy Act, commonly referred to as FERPA, is a federal law designed to protect the privacy of your student education records, which are records that are directly related to you and maintained by Fort Lewis College or an organization acting for FLC, like the National Student Clearinghouse. The information in your education record is yours, and you have the right view it, request changes to it, and make it confidential. You also have the right to give your consent for others to access your education record using this FERPA Waiver form.

Releasing your student record information to someone using this form gives them access to your entire record, including enrollment records, grades, financial aid and billing information, and disciplinary records.

The College can release parts of your education record without your permission under certain circumstance, including to a parent or legal guardian in the event of a health or safety crisis. FLC does not require a FERPA waiver to release directory information (name, FLC e-mail, address and phone number, hometown (city and state), degree program, dates of attendance, degree information, College-recognized honors and awards, classification level, enrollment status (not credit hours), participation in officially recognized College activities and sports, and most recent school attended.)

_____ Student ID _____ Student Name

By my signature below, I, _____, hereby authorize the release of my Fort Lewis College education record to the person(s) or entity listed below. I understand that this release will remain in effect until I submit a separate written request to Skyhawk Station changing or rescinding it.

1.	_____	_____
	Name of Person or Organization	Relationship to Student (e.g. parent)
	_____	_____
	Email Address	Telephone Number
2.	_____	_____
	Name of Person or Organization	Relationship to Student (e.g. parent)
	_____	_____
	Email Address	Telephone Number

_____ Student Signature _____ Date

Office Use Only: Processed By _____ Date _____