

Family Educational Rights and Privacy Act (FERPA) Waiver

I, (print name) _____, waive FERPA and give consent to representatives of DePaul University's School of Continuing and Professional Studies to reveal my academic record to the person(s) named below. I acknowledge that another meeting including the person(s) named below will require another signed FERPA waiver form valid for that date only.

Student Name (Printed) Date

Student Signature Date

Person(s) to whom student record may be released:

Name (Printed) Purpose

Name (Printed) Purpose

Name (Printed) Purpose