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 ___________________________