

## Authorization to Release Information – FERPA Waiver

Student Name: \_\_\_\_\_

BYUH ID#: \_\_\_\_\_

Student Address: \_\_\_\_\_  
Street Name City State Zip

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Information Regarding Your Privacy

As you are aware, applying for Financial Aid requires that information of a private nature be communicated between yourself and certain offices on campus. It is also common that parents, spouses, and other family members become involved in these discussions. However, in order for us to protect the educational rights and privacy of our students under the Family Education Rights and Privacy Act of 1974 (FERPA), we cannot release any information unless this release is signed by you, the student.

You may revoke, change, or add to this authorization at any time by submitting a signed request to our office. **This authorization will be valid for the specific circumstance(s) listed by the student.**

### Certification

By signing this form, I give Brigham Young University-Hawaii permission to discuss with the person(s) below the information as described by the above mentioned student.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Authorized circumstance(s) to disclose to above named person(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_