



# Student Information Release (FERPA WAIVER)

**Students must submit this form in person to the Office of the Registrar. If you are mailing or emailing this form, please include a legible copy of your government-issued photo ID.**

FERPA (Family Education Rights and Privacy Act of 1974 as amended (the Buckley Amendment) protects the confidentiality of students' educational records. FERPA prohibits the release of confidential information related to a student's educational record to anyone except authorized Daniel Morgan Graduate School (DMGS) personnel.

Students have the right to inspect their educational records within 45 days of the date of the request. To give DMGS permission to release information from your educational records to a third party (e.g. guardian/embassy/sponsor), please complete the form below. Students may also submit requests for specific record/incident release by attaching a statement to this FERPA Waiver.

**STUDENT INFORMATION:**

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

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

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

**STUDENT CONSENT\*:**

I hereby authorize the following third party access:

\_\_\_\_\_  
Third Party

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Third Party

\_\_\_\_\_  
Relationship to Student

**Record Type:**

**Grant Access**

**Revoke Access**

Educational Records (Including: Grades/GPA, advisor, demographic, registration, student ID number, academic progress status, attendance records, and/or enrollment information)

Student Account Records (Including: Billing statements, charges, credits, payments, past due amounts, and/or collection activity)

Financial Aid Records (Including: Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress)

Office of Student Services (Including: Housing file)

Student Employment Records (Including: Contracts, payroll, W2 and I9 forms, and/or employment verification)

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\_\_\_\_\_

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

Date \_\_\_\_\_

**\*Note:** Your consent will remain in effect until you submit a new form to the Office of the Registrar to change access.

Office of the Registrar  
1600 L St. N.W.  
Washington, D.C. 20036

REGISTRAR'S OFFICE USE ONLY	
<input type="checkbox"/>	ID Confirmed
<input type="checkbox"/>	Entered in SONIS
_____	_____
Staff Initials	Date