Armstrong Atlantic State University
FERPA WAIVER FORM

11935 Abercorn Street ◆ Savannah, GA 31419 ◆ (912) 344-2576

The Family Educational Rights and Privacy Act of 1974 (FERPA) is a Federal law that protects the privacy of student educational records. When a student reaches the age of 18 or attends a school beyond the high school level, FERPA provides student confidentiality of information. Employees of AASU will not disclose information from a student record to any individual without written permission from the student. However, FERPA does allow schools to disclose educational records, without consent, to school officials with legitimate educational interest and to appropriate parties in connection with financial aid. By signing this Waiver, the student indicates to whom he/she wants to release information and the type of information to be released. The completed Waiver form will be kept on file in the Registrar's Office.

I understand that, in order for Armstrong Atlantic State University to disclose identifiable information from my educational records to anyone other than myself, I must provide consent. I understand that I am not required to sign and return this form if I do not wish consent to be given.

I am giving consent for Armstrong Atlantic State University to either:

- ❑ Disclose any and all education records, which includes all items in the box below, OR
- ❑ The following records/information may or may not be disclosed as indicated in the box below:

Disclose	**Do not disclose**		**Other-Please specify**	
			Disclose	**Do not disclose**
❑	❑	Attendance Records		
❑	❑	Billing/Student Account information	❑	❑ _____
❑	❑	Grades	❑	❑ _____
❑	❑	Graduation Information	❑	❑ _____
❑	❑	Schedule	❑	❑ _____

The purpose of the disclosure is:

_____

The party or class of parties to whom a disclosure may be made is:
Name(s): _____

Relationship: ❑ parent ❑ guardian ❑ spouse ❑ sibling ❑ other _____
(This does not include consent for information to be given to another college.)

The person to whom disclosure is made must provide identification.

Student Id Number	Student Name (please print)	Student Signature
	_____ Date of Birth (mm/dd/yyyy)	Official Use Only: ❑ Verified ID _____ Initials Date

STATE OF: Georgia
COUNTY OF: Chatham

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____
Notary Public

Please complete this form and return to:
Armstrong Atlantic State University, Registrar's Office
11935 Abercorn Street, Savannah, GA 31419