

**Touro College of Pharmacy- Office of the Registrar
2090 Adam Clayton Powell Jr. Blvd, Suite 519H, New York, NY 10027**

Name of Student (Last, First Middle Initial) _____

Touro College #ID _____

Phone Number _____

FERPA

The Family Educational Rights and Privacy Act (FERPA) of 1974 establishes the rights of students with regard to educational records. The act makes provision for inspection and review of educational records by the students and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent must be in writing, signed and dated by the student, and include the names of the parties to whom such records can be accessed. The Act applies to all persons formerly and currently enrolled at an educational institution. Access to educational records does not give permission to make changes to the student's record.

By signing this waiver, the student is voluntarily granting to the designated individuals, access to confidential records within said student's educational file.

I _____ (print student name) voluntarily hereby give permission for Touro College personnel to share and discuss the following information (check all that apply):

- Records maintained by the Office of the Bursar (account balance, billing, collection activity, etc.)
- Records maintained by the Financial Aid Office (grants, scholarships, student loans, etc.)
- Records maintained by the Office of the Registrar (academics, grades, GPA, attendance, reports, evaluations, etc.)
- ALL OF THE ABOVE
- OTHER (please specify): _____

The purpose of this disclosure is to: _____

Person(s) to whom above information may be released. Please PRINT clearly.

Name (Last, First): _____ Relationship to student: Parent* Spouse Attorney Other _____

Name (Last, First): _____ Relationship to student: Parent* Spouse Attorney Other _____

* In the event the "Parent" box is checked, then information will be released to all parents or guardians regardless of the individual name listed.

Check one:

___ This waiver will be in effect as long as I am a student at Touro College.

___ This waiver will be in effect from: (Date) _____ until: (Date) _____

This waiver may be revoked by the student at any time by advance written notice to the Office of the

Registrar. SIGN and DATE:

Signature: _____ **Date:** _____

Please return this form to the Office of the Registrar in person or by mail or fax 212-851-1183

Waivers received via mail or fax must be ratified by Touro College with an email to the student and the student's confirmation. Proper photo identification will be required for form submission as well as access.

Due to stringent security concerns, any waivers initially submitted via electronic mail will not be processed.

For Institutional Use Only

Processed by: _____ Confirmed: Personally Via Phone Call Via Email Date: _____