

**STUDENT FERPA WAIVER
FOR PARENT/GUARDIAN TO RECEIVE STUDENT
EDUCATIONAL RECORD INFORMATION**

**WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR**

STUDENT'S NAME (last, first) _____

College-Wide ID A _____ **Date** _____

The Family Educational Rights and Privacy Act (FERPA) regulations set out requirements designed to afford students with student educational records privacy rights. In addition, FERPA limits what student information educational institutions can disclose without having received prior student consent.

In accordance with the FERPA, the undersigned student of legal age hereby permits Westfield State University to disclose the information specified below to their parent(s)/legal guardian(s) as listed on this request to enable them to follow the student's progress. This consent shall be valid throughout the student's enrollment, but may be modified or rescinded in writing by the student. Any interruption in the student's enrollment (withdrawal or termination) will void this authorization; however, a new waiver form may be completed by the student should the student reenroll. Information provided to parent(s)/legal guardian(s) is for their use only and should not be disclosed by parent/guardian to third parties without the student's authorization.

Note: Parents or legal guardians of dependent students may, at the University's discretion, receive information concerning the student's enrollment without a student waiver being required. As defined by FERPA, a student is considered dependent if the parent(s)/legal guardian(s) can claim the student as a dependent for income tax purposes.

STUDENT AUTHORIZATION TO RELEASE ENROLLMENT INFORMATION: (please specify in this space all enrollment records you authorize Westfield State University to release to the individual(s) recorded below)

I authorize the release of the information checked below to my parent(s)/legal guardians as listed below.

Grades ____ **Grade point average** ____ **All Correspondence** ____ **Contents of Academic Record** ____

Class schedule ____

Student signature _____ **Date** _____

PLEASE PRINT:

Parent/Legal Guardian Name(s) _____

Address _____

City _____ **State** _____ **ZIP code** _____

Telephone Number(s) _____

Processed by: _____ *Date:* _____

Rev. 08/2025