

HOWARD UNIVERSITY

DIVISION OF STUDENT AFFAIRS
OFFICE OF RESIDENCE LIFE

PARENTAL DISCLOSURE OF STUDENT INFORMATION (WAIVER)

You have certain rights to the privacy of your educational records under a federal law titled the Family Educational Rights and Privacy Act (FERPA). The permissions granted by you in this document waive certain rights under FERPA, so that we may disclose relevant information to your parent, guardian or other person you designate below.

By signing, below, you grant the Office of Residence Life permission to discuss any disciplinary infractions and/or housing account information to persons you designate, below.

Last Name First Name MI HU ID Number

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number: _____

Please indicate whether your parent(s), legal guardian or other designated person may obtain requested information, as stated above:

_____. Yes. I certify the Office of Residence Life has permission to discuss my student/educational record information.

_____. No. I certify the Office of Residence Life does not have permission to discuss my student/educational record information.

Please list your parent/guardian or other designee name(s) below:

1. _____

2. _____

3. _____

Student Signature: _____ Date: _____

