

FERPA WAIVER - STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS

Note: This consent $\underline{\textit{does not}}$ cover medical records held by Student Health Services or the Counseling Center – contact those offices for consent forms.

ALL SECTIONS ON THIS FORM MUST BE COMPLETED BEFORE ACCESS WILL BE PROVIDED

SECTION A. Student Information:						
-	Ctudent Name (First Middle Initial Lest)					
	Student Name (First, Middle Initial, Last)			ID#		
	Permanent Street Address		City	State	Zip	
SECTION B. Access to the following education records is authorized (check all that apply):						
	Academic Information (grades, GPA, registration, academic progress, enrollment status, etc.)					
	Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)					
	Bursar Information (College-maintained loan disbursements, billing and repayment history [including credit reporting history], communication history, balances, collection activity)					
	Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity, HOLDS)					
	☐ All records listed above.					
	☐ Other (please specify):					
SECTION C. Person(s) to whom access to education records may be provided:						
	Name(s) of person(s) to whom access to records may be provided (use additional pages if needed)					
	Name(s) of person(s) to whom access to records may be provided (use additional pages if needed)					
	Name(s) of person(s) to whom access to records may be provided (use additional pages if needed)					
	Address(es) of person(s) to whom ac	cess to records m	nay be provided	Relationship to	student	
SECTION E. Purpose of this Authorization (check one):						
	☐ Family Communications ☐ Admission to an Educational Institution					
	☐ Other (please specify):					
SECTION F. Acknowledgement of Rights under FERPA.						
I understand that:						
	1) I am giving consent to the release of my education records,					
	2) I have the right to inspect any written records released pursuant to this consent, and					
	3) I have the right to revoke this consent at any time by delivering a written revocation to the Registrar.					
	Charles C:		Donard C. II C.		Data	
	Student Signature	Date	Parent or Guardian Sig (if student is under 1		Date	

Submit completed form to: Juniata College, Office of the Registrar, 1700 Moore St., Huntingdon PA 16652