



## **Family Educational Rights and Privacy Act Waiver of Privacy**

The Family Educational Rights and Privacy Act of 1974 (PL93-380), commonly referred to as FERPA, provides that all records pertaining to a student that are maintained by the College must be available for inspection, review, and amendment by the student and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent to waive privacy at Tarrant County College must be made in writing, signed and dated by the student, and must specify the names of the parties to whom records will be released. The act applies to all persons formerly and currently enrolled at an educational institution. No exclusion is made for non-U.S. citizen students. However, the act does not apply to a person who has applied for admission, but who never actually enrolled in or attended the institution or deceased persons. Meningitis vaccination records are protected by FERPA, and are not subject to Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules.

I hereby give permission for Tarrant County College personnel to provide information concerning all my education records to the person(s) identified below. This form must be completed in order for Tarrant County College to comply with the request.

**STUDENT INFORMATION**

**PERSON(S) TO WHOM INFORMATION MAY  
BE RELEASED**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Date

Waiver will be in effect for one calendar year from date of signature.



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