



FAMILY EDUCATIONAL RIGHT TO PRIVACY ACT (FERPA) "BUCKLEY AMENDMENT" FORM

The Family Educational Rights and Privacy Act of 1974 prohibits the release of privileged information to anyone except authorized personnel. By signing this form you understand that all information included in your application (including academic transcripts) will be shared with the overseas university you have applied to.

Student's name (print) _____

Student's Social Security No. _____

PLEASE NOTE: If you would like the Office of International Education to be able to release or discuss information with your parent(s) or spouse, please indicate the names and relationships of those you are authorizing.

If you do not provide any release on this form, we will NOT discuss your information with anyone else but you.

Authorizations below will remain in effect until you provide written instructions changing them. Signing this waiver gives permission to discuss any or all semesters you are in attendance.

The Office of International Education has my permission to discuss matters pertaining to my records in that office with the following:

Name of person authorized (please print)

Relationship to student

Name of person authorized (please print)

Relationship to student

Student's signature

Date