

Vaughn College

of aeronautics and technology

FERPA WAIVER

STUDENT INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)

STUDENT ID NUMBER

TYPE OF REQUEST (SELECT ALL THAT APPLY):

- | | |
|--|---|
| <input type="checkbox"/> FINANCIAL AID FILES | <input type="checkbox"/> ADMISSIONS FILES |
| <input type="checkbox"/> ADVISEMENT FILES | <input type="checkbox"/> ACADEMIC RECORDS |
| <input type="checkbox"/> STUDENT ACCOUNTS | <input type="checkbox"/> OTHER: _____ |

THIRD-PARTY INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)

EMAIL ADDRESS

PHONE NUMBER

RELATIONSHIP TO STUDENT

NAME (LAST, FIRST, MIDDLE INITIAL)

EMAIL ADDRESS

PHONE NUMBER

RELATIONSHIP TO STUDENT

IDENTIFIER CODE

When the party named above contacts Vaughn College of Aeronautics and Technology, he/she will be asked to verify their identity by providing a special identifier code. The student must create this code and provide it to their third-party contact. If the third-party contact is not able to correctly provide this six-digit code, Vaughn will not release any information from the student's records. If the student/third-party forgets or misplaces the six-digit identifier, Vaughn will send the code to the student's Vaughn email address, or the student may come to the Registrar's office on campus.

IDENTIFIER CODE: _____

MUST BE SIX-DIGITS/CHARACTERS

AUTHORIZATION

By signing below, I consent that Vaughn College of Aeronautics and Technology may disclose and discuss confidential information from the records I have selected with the individuals listed above.

STUDENT SIGNATURE

DATE

REVOKE AUTHORIZATION

By signing below, I hereby revoke any prior authorization for Vaughn College of Aeronautics and Technology to disclose my education record information with the individuals listed above.

STUDENT SIGNATURE

DATE

OFFICE USE ONLY:

PROCESSED BY: _____

DATE: _____