Student Waiver to Release Education Records (non-financial) to Parents Bryan College

parent(s) or legal guardian, who are identific in my educational records. I understand tha rights under the Family Educational Rights a) give permission to Bryan College to disclose to my ed below, upon their request any information contained t by submitting this form I have waived my privacy and Privacy Act (FERPA) as they would apply to my emily Educational Rights and Privacy Act policy is d in the Community Life Handbook.
the College with regard to academic matters,	nal records pertaining to a given student maintained by student life matters and financial/billing matters is a separate waiver form for financial information.)
your educational records available for access submitted will be retained by the Office of th	ted to the Office of the Registrar if you wish to have so by your parent(s) or legal guardian. Each form that is the Registrar. The student can withdraw this waiver at rar in writing. This waiver will automatically expire
If you do not wish to waive your rights do no	et submit this form.
Please print the name of each parent or legal	guardian below to which this waiver applies:
Name	Relationship
Name	Relationship
Name	Relationship
Student's Signature (Student must sign form in the presence of a	Date ID or SS# Bryan College employee).
Please submit the form to the Office of the Registrar in Mercer 202.	

595.181 (7/20)