

# FERPA RELEASE

## Family Educational Rights & Privacy Act

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Jenzabar ID#: \_\_\_\_\_

The following information may be disclosed:

All records

The following listed records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please grant access to the individuals listed below:

Name	Relationship (Mom, Uncle, Friend, etc.)
_____	_____
_____	_____
_____	_____

**CODE WORD INFORMATION:** In order to provide information to the individuals you have listed, they will need a "Code Word". The code can be any appropriate word that you choose/specify.

**It is your responsibility to provide these individuals with your code word.**

These person(s) will be asked to provide the correct word when requesting your information.

Enter your Code Word here: \_\_\_\_\_

*Agreement: The individuals listed on this form have my permission to receive information of a confidential nature regarding my academic record in the Registrar's Office at UVA WISE.*

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

Date: \_\_\_\_\_

Note: This form must be signed in person at the Office of the Registrar; however, an electronic version is available and can be submitted via the UVA WISE Student Information Portal. Log onto the portal at <https://my.uvawise.edu/ICS>, select "Students" tab (top) and "Electronic Student Forms" link (right).