



WAIVER FOR RELEASE OF INFORMATION TO PARENTS

I understand that under the Family Educational Rights and Privacy Act (“FERPA”), Charleston Southern University is generally prohibited from releasing information concerning my education to any third parties, including my parents, except for in limited circumstances.

I do not want my parents to be prohibited from reviewing any information in my education records, and I waive my rights under FERPA to maintain the confidentiality of such information with respect to my parents (or other party listed below), and I acknowledge that with this waiver, Charleston Southern University will be free to disclose to my parents any information the University has about me.

Date: _____ SS# or Student ID# _____

Student Name: _____

Student Signature: _____

Parent Name: _____

Parent Name: _____

Other Party*: _____

*State Relationship: _____

Promoting Academic Excellence in a Christian Environment