UNIVERSITY OF THE VIRGIN ISLANDS CENTER FOR EXCELLENCE IN LEADRSHIP AND LEARNING

Waiver to Release Educational Records

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only to the person(s)/organization(s) specifically listed (see below FERPA LAW). This release does not permit the disclosure of these records to any other persons without my written consent or as permitted by law.

I further understand that I do not have to consent to this disclosure and that I may revoke the authorization by sending a written cancellation of this authorization to the University of the Virgin Islands.

I further understand that I must be the person to submit the waiver by presenting a valid identification to the UVI CELL office upon submission of this form. Valid identification must be unexpired, government issued bearing a photo and signature. Acceptable forms of ID include:

- *Passport (not the card)*
- *Drivers license*
- *Military ID*
- *Valid UVI Student ID*
- *Green Card*
- *Student VISA*

Note: *The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.*

I, _____, give permission to the following individual(s) _____ and _____ to view my academic information and documents while I am registered for the course, _____, at UVI CELL.

This permit remains in effect until I provide UVI CELL with written notice of its cancellation, or the course is completed.

Student: _____

Signature: _____

Date: _____