

Jackson State University
Disability Services Center
JSU Student Center, Ste. #2110
601.979.3704

WAIVER OF STUDENT PRIVACY

Due to the Family Educational Rights and Privacy Act (FERPA), all student information must remain confidential unless waived by the student.

This statement confirms that I, _____, hereby (select one):
(Student's Name)

☐ **choose to**

○ **Provide specific names of individuals you wish to receive information:**

- _____
- _____
- _____

☐ **choose not to**

waive my rights to privacy and authorize the university to notify and/or release any information to my parent(s)/ guardian(s) regarding disciplinary charges and/or actions levied against me.

Print: _____ J Number: _____

E-mail Address: _____ Phone #: _____

Signature of Student: _____ Date: _____

Signature of Witness: _____ Date: _____

Witness cannot be the person or entity to whom information is being released.

I also hereby authorize use or disclosure of protected health information about me as described below:

1. The following specific person/class of person/facility is authorized to use or disclose information about me:

2. The following person (or class of persons) may receive disclosure of protected health information about me:

His/her/its Name

Address

City, State Zip Code

3. The specific information that should be disclosed is (please give dates of service if possible):
