



FERPA PERMISSION FORM

I, (*student name*) _____, in accordance with FERPA requirements, hereby give Molloy College academic advisors and academic support professional staff permission to discuss my student records, including degree program, grades and GPA with:

Name: _____
print

Relationship: _____
print

Student's Signature: _____ Date: _____

This waiver will be in effect for one (1) week from the date of the student's signature, or until the student rescinds permission, whichever comes first.