



Missouri Western State University
4525 Downs Drive, St. Joseph MO 64507
www.missouriwestern.edu

Office of Residential Life
816.383.7100

Family Educational Rights and Privacy Act (FERPA)

Student Waiver Form

Student Name: _____

Address: _____

SSN # _____

G-# _____

Phone: _____

E-Mail: _____

I, the above listed student or past student, request that access to disciplinary records maintained under my name within the Office of Residential Life and Dean of Student Development be shared with:

Name of Recipient: _____

Address: _____

Phone: _____

I understand that all disciplinary records are maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. As a result of signing this waiver, I realize that the above named person/agency shall receive verbal disclosure and/or written access to my records as requested. This waiver shall remain in effect indefinitely or until the Office of Residential Life is notified in writing of its termination.

Student Signature

Date

Printed Name (student)

If you have any questions about reviewing your disciplinary records please contact the Office of Residential Life at (816) 383-7100 or Assistant Dean of Student Services (816) 271-4220.