



Office of Title IX Compliance (TIX)



FERPA Waiver

Name of Student _____

Student ID Number _____

DOB _____

I hereby authorize Embry-Riddle Aeronautical University (ERAU) to release my Title IX information to:

Name _____

Address _____

Phone _____

For the purpose of Title IX Investigation.

I understand that (1) I have the right not to consent to the release of my education records; (2) I have the right to inspect such records upon request; (3) ERAU may deny the release of records to the person or agency listed above; and (4) that this consent shall remain in effect until revoked by me, in writing, and delivered to ERAU, but that any revocation shall not affect disclosures previously made by ERAU prior to the receipt of any such written revocation.

Student Signature

Date

INFORMATION RELEASED PURSUANT TO THIS RELEASE IS SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THE INFORMATION WITHOUT SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR IS OTHERWISE PERMITTED BY SUCH REGULATIONS.