

**CONSENT TO DISCLOSE PERSONALLY IDENTIFIABLE
INFORMATION FROM EDUCATION RECORDS
AND
REFERENCE WAIVER OF LIABILITY AND RIGHT TO OBTAIN A COPY**

Please complete section 1 or 2 AND sign section 3 below.

1. FERPA CONSENT

I, _____, a student or former student at Niagara University, am over the age of 18, and hereby consent to the disclosure of the following personally identifiable information from my education records:

The records that may be disclosed: _____
_____.

The purpose of the disclosure is: _____

_____.

The class of persons to whom this information may be released: (insert names or class)
_____.

I understand that if I so request, I can also obtain a copy of this record.

2. LETTER OF REFERENCE WAIVER OF LIABILITY

As signified by my signature below, I hereby request and authorize _____
_____ ("Niagara Employee") to provide me a Letter of Reference ("Letter") to:

_____ ("Recipient").
I hereby waive my right to view a copy of this Letter. I hereby waive any and all claims, complaints, and causes of action against Niagara University, and the Niagara Employee, that might arise in connection with the creation and promulgation of such Letter, and/or any further input, through any means of communication, to Recipient or their authorized agent by same.

3. SIGNED AND DATED WRITTEN CONSENT:

Printed Name: _____ Student #: _____

Signature: _____ Date: _____