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:

__________________________________________

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: ____________________