



**WAIVER OF RIGHTS  
UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT**

I, \_\_\_\_\_ hereby give my permission to authorized employees of Daemen University to  
(Student Name)  
discuss and/or provide the parties listed below\* with any and all information related to my educational pursuits at Daemen University. I understand and waive my guaranteed rights under the Family Educational Rights and Privacy Act of 1974 as printed in the Daemen University Student Handbook. This waiver shall remain in effect until such time as I graduate, withdraw from University or rescind it in writing.

Student \_\_\_\_\_  
Student Signature

SSN (last 4 digits) \_\_\_\_\_

ID # \_\_\_\_\_

Date \_\_\_\_\_

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**\*NAME OF THIRD PARTY TO WHOM I AUTHORIZE RELEASE OF INFORMATION:**

Name _____	_____	_____
	LAST	FIRST
Name _____	_____	_____
	LAST	FIRST
Name _____	_____	_____
	LAST	FIRST
Name _____	_____	_____
	LAST	FIRST

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**AUTHENTICATION**

When those parties named above contact Daemen University, he/she will be asked to authenticate his/her identity by providing at least one personal security question answer. You, the student, must choose at least one personal security question and provide it to your third party contact. Do not choose a question that could easily be guessed. If your third party contact is not able to correctly provide the correct answer to the personal security question, Daemen University will not release any information from your record. If you forget or misplace your personal security question, Daemen University can provide it to you by sending it to your Daemen email account, or you may come to the Registrar's office on campus to make changes or receive the information.

**STUDENT: PLEASE COMPLETE ONE OF THE FOLLOWING AND MAKE NOTE THAT THIS WILL BE THE PERSONAL SECURITY QUESTION WHICH WILL GRANT ACCESS TO INFORMATION BY THE THIRD PARTY REFERENCED ABOVE:**

\_\_\_\_\_  
Elementary School

\_\_\_\_\_  
Favorite Teacher's Name

\_\_\_\_\_  
Favorite Pet's Name

\_\_\_\_\_  
First Automobile