Academic Year _____

3505 Arendell Street, Morehead City, NC 28557-2989

Office Use ONLY **(Date stamp)**

Buckley Waiver

****ALERT****

This form must be signed in person at one of the Student Services offices to be considered valid. This form is only valid for the current academic year and will expire at the end of the closest Summer semester. A new form is required each academic year.

Student Name (Last, First, Middle Initial)**:**	**College ID#:**	**Date:**

This form grants Carteret Community College and its agents permission to release any necessary information about the above student's educational records (academic and/or financial aid) to the following person(s) or entity:

PERSON OR ENTITY INFORMATION

Person or Entity Name	**Relationship**

I understand that this does not violate rights under the Buckley Amendment of the Family Educational Rights and Privacy Act (FERPA) in any way.

_____ _____

Student's Signature Date

_____

Student's Social Security Number

To find more information regarding your rights as they pertain to FERPA use the link below:
https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

Revised: 09/06/2022 JLF