FERPA Limited Waiver for Study Abroad Program

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Dr. Morgan, as faculty advisor for the study abroad program in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2019, to discuss my attendance, performance, health and safety, or behavior in any course or activity (including, but not limited to, field trips, excursions, business visits, extracurricular classes, intercambios, homestay, orientation) undertaken as part of the program or related to the study abroad experience with the instructors of those courses or staff members or affiliates of the host institutions, including the family (or resident advisor or housing supervisor) that hosts me.

Similarly, the faculty leader is permitted to obtain information about my academic standing in the College and the University including my status and history with the Honor Court and Office of Student Affairs to obtain information relevant to my application for the program.

I also hereby authorize Dr. Morgan as faculty advisor to consult with my parents or legal guardians regarding my health or academic status during the program on an as needed basis for the purpose of soliciting additional resources, informing them of actions needed to address health issues, or gaining information to improve the quality and safety of my experience abroad.

I understand that I am not required to sign this waiver but that not agreeing to this waiver could result in actions taken by the program leader or others without any discussion with the staff of the host institution if, in the program leader’s view, my performance or my safety does not meet, in his perception alone, the standards for the study abroad program or impairs the safety of others.

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_