

Release of Academic Records-
Tuition Waiver Information
FERPA Release

The undersigned hereby authorize the Rhode Island Board of Education (“Board”), the University of Rhode Island, Rhode Island College, and the Community College of Rhode Island to release to the public **only** the following education records:

Information regarding the existence and amount of any tuition waivers that I/we receive as a result of my status and/or my parent’s, spouse’s or domestic partner’s status as an employee of the Board.

I/we understand that pursuant to R.I.G.L. §16-97-7¹ receipt of a tuition waiver as a result of employment status with the Board is conditioned upon my/our prior consent to the public disclosure of the existence and amount of the waiver, and that I have the right to receive a copy of such released records upon request.

I/we further agree and acknowledge that I/we have read and fully understand this Release, and that I/we have signed this Release and granted my/our consent to the public disclosure of this tuition waiver information freely and voluntarily.

Signature of Employee
(and/or Employee Student)

Print Name: _____

Witness
Print Name: _____

Signature of Dependent, Spouse or
Domestic Partner Student

Print Name: _____

Witness
Print Name: _____

¹R.I.G.L. §16-97-7. **Tuition Waivers-Disclosure as a prerequisite to receipt.**—Notwithstanding any other provision of the law, no employee of the state board of education, his or her spouse, domestic partner or dependent, shall receive a tuition waiver as a result of employment status with the state board of education, without first consenting to the public disclosure of the existence and amount of the waiver. This section shall apply to any tuition waivers, including, but not limited to, any such waiver at the Community College of Rhode Island, Rhode Island College, and/or the University of Rhode Island.

PLEASE USE PAGE 2 FOR ADDITIONAL WAIVER RECIPIENT SIGNATURES

Signature of Dependent, Spouse or
Domestic Partner Student

Print Name: _____

Witness

Print Name: _____

Signature of Dependent, Spouse or
Domestic Partner Student

Print Name: _____

Witness

Print Name: _____

Signature of Dependent, Spouse or
Domestic Partner Student

Print Name: _____

Witness

Print Name: _____