

# Worcester Polytechnic Institute

Office of the Registrar

## FERPA Consent Form for Disclosure to Parents/Guardians

Under the Family Educational Rights and Privacy Act (FERPA), **WPI** is permitted to disclose information from your education records to your parents/guardians if you provide signed, written consent. Fill out this form if you would like to give WPI permission to disclose information from your education records to your parents/guardians.

### Student Information:

FirstName: \_\_\_\_\_

LastName: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

I consent to the disclosure of any personally identifiable information from my education records to my parent(s)/guardian(s), for reasons determined by WPI as appropriate. This authorization will remain in effect while I am enrolled at WPI, or for the more limited time period specified here: \_\_\_\_\_.\*

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

### Parent/Guardian Information:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name Name

\_\_\_\_\_  
Address Address

\_\_\_\_\_  
City, State, Zip City, State, Zip

\_\_\_\_\_  
Telephone Telephone

\_\_\_\_\_  
Email Email

*\*Students cannot be denied any educational services from the WPI if they refuse to provide consent.*

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