



Waldorf College

WALDORF COLLEGE
106 South 6th Street
Forest City, IA 50436

Student's Name _____

Social Security _____

The Buckley Amendment concerning student privacy (commonly known as the Family Educational Right and Privacy Act of 1974) requires that we receive permission from students age 18 and older in order to release their college records to parents/guardians. Please read the following statement. Fill in the blanks below for your parents/guardians and circle yes or no for each. If your parents are divorced, please give information regarding both parents.

I give permission to the following people to discuss my Financial Aid and my Business Office account balance and payment arrangements at Waldorf College.

Name	Relationship	Please Circle
_____		Yes / No
_____		Yes / No
_____		Yes / No
_____		Yes / No

Student's Signature

Date

Please return to the Waldorf College Financial Aid Office, Forest City, IA 50436