

STUDENT ACCOUNTING OFFICE  
405 HILGARD AVE., B303 MURPHY HALL  
LOS ANGELES, CALIFORNIA 90095-1501

## Waiver of Privacy Rights for Billing Information

If you've already submitted a privacy waiver, you **need not** submit another unless there are changes.

The Family Educational Rights and Privacy Act (FERPA) clearly defines a student's right to privacy and confidentiality, strictly limiting the disclosure of information from student records. While various levels of restriction exist, some allowing the release of "directory" information (name, current address, telephone number, e-mail address, major, dates of attendance, degrees and honors received, the most recent previous educational institution attended and enrolled units), UCLA's ability to release financial/billing information to any person other than the student in question is severely limited by FERPA. In our experience, the persons most likely to want financial/billing information about a student are a student's parents. If you wish to permit such a release, please complete and sign the rest of this form. This form should be submitted to Student Accounting, B303 Murphy Hall, Box 951501, Los Angeles, CA 90095-1501.

I hereby authorize UCLA to release any financial or billing information requested regarding my account to the following individual(s):

Name	Social Security Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial/billing information may include, but is not necessarily limited to, the dollar amount outstanding, specific invoice/payment amounts, the amount of pending or previous financial aid awards, loan disbursements, stipend payments, fee deferrals, remissions or waivers, health insurance status, scholarship or sponsorship awards and/or refund amounts.

This Waiver of Privacy Rights for Billing Information is limited to financial/billing or "directory" information and is granted solely to the individual(s) named above. This waiver remains in effect until I cancel it or designate otherwise. My authorization of this Waiver of Privacy Rights for Billing Information does NOT affect my privacy rights in regards to any other information maintained by UCLA..

Signed (waiver not valid without student signature)

Date

Name (printed)

Student ID Number