

CONSENT
To Transfer Student Records through the Student Exchange Programs
WICHE/WWAMI/Minnesota Dental

PURPOSE FOR REQUESTING STUDENT SIGNATURE ON CONSENT AND WAIVER FORM: Public Law 93-380, the Federal Family Educational Rights and Privacy Act of 1974, requires all who hold custody of student records to insure protection of personally identifiable information. Administration of the WICHE, WWAMI and Minnesota Dental student exchange programs requires the exchange of educational information about student applicants in order to provide for consideration of enrollment and transfer of funds by the state in the case of admission by the school. In order to facilitate exchange of necessary documents, the student applicant is asked to sign a "Consent and Waiver" statement.

Student willingness to sign a consent statement is not a requirement for participation in the program.

DESCRIPTION OF USE OF PERSONAL RECORDS: The program collects and uses information concerning student eligibility for the program; admission; enrollment; academic progress; graduation and/or termination from the professional program; and payment of fees by the state to the receiving schools.

This information is exchanged between and among the certifying office of the student's home state; staff of the WICHE, WWAMI and Minnesota Dental Student Exchange Programs; and the professional school(s) to which the student makes application and is admitted. WICHE Commissioners from the sponsoring state may also review applications to consider eligibility of student(s).

Periodic accounting for the Student Exchange Programs in the state and in the region may result in publication of reports which may contain the student's name, home address, year of enrollment, enrolling institution, and money spent by the state to support the student's effort to reach an educational objective.

NOTIFICATION CONCERNING STUDENT ACCESS TO PERSONAL RECORDS: Any student participant or applicant for participation in the Student Exchange Program has access to his/her personal records maintained as a part of the exchange activity. He/she may inspect and/or receive copies at a cost not to exceed the actual cost of reproduction.

CONSENT AND WAIVER

- I understand that it is necessary to process student records in order to carry out the purpose of the Student Exchange Programs, providing access to educational opportunities for residents of the western states.
- I understand that the record-keeping process requires preparation, transmission, receipt, filing, and reporting of information appropriate to the effectiveness and continuity of the program.
- I hereby consent to the transfer of personally identifiable educational records between and among the participants in the Student Exchange Programs to include the following:
 - Information concerning student eligibility, acceptance, and educational attainment
 - Information concerning fees paid by the sending state through WICHE, WWAMI or Minnesota Dental to the receiving school
 - Lists of applicants certified as eligible for support
 - Admissions reports, withdrawal reports, and annual reports for Student Exchange students
 - Support Agreement forms and invoices
 - Special letters of inquiry and response as required to address questions and concerns identified by program participants
- I understand that the information referred to herein will be available only to Student Exchange Program staff members, designated institutional officials, and sending state officials as required to carry out their official duties.
- I further consent to the transfer of all or a portion of the above educational records to admissions officers and certifying officers as required to accommodate the needs of the Student Exchange Programs provided that the officers receiving the information will not permit any other party to have access to such information without the express written consent of the undersigned.
- I hereby wave my right to receive specific notification of the transfer of such records. I understand that personally identifiable educational records will be used only to the extent necessary to carry out the purposes of the Student Exchange Programs including reasonable research studies necessary to evaluate and improve the program. Any general research report of information that might prove harmful or embarrassing will be included only when anonymity is preserved. Use of the information will be permitted only when, in the judgment of the Student Exchange Program directors or other designated staff member, the request for information is wholly consistent with my best interests and the purposes of the Student Exchange Programs.
- I understand that a log will be maintained to identify access to my records, which is permitted pursuant to law, and this information will be available to me upon appropriate request. A locked file will be maintained for the regular storage and protection of personal educational records.

Name: _____

Please Print or Type

Signature: _____ Date: _____

Permanent Address:

Street _____

City, State, Zip _____