TO: University Community
FROM: Anne Marie Coleman
        Assistant Vice President for Human Resources
DATE: July 22, 2013
RE: New Tuition Waiver Requirement

In accordance with the new provisions of RIGL 16-97-7, employees applying for tuition waiver benefits will be required to submit the attached release form prior to tuition waiver approval.

Please note that this form must be signed and notarized by the employee receiving/requesting a tuition waiver, and if applicable, by the spouse, domestic partner and/or all dependents receiving the tuition waiver benefit.

Please complete and return the form to Dawn Smith at dawns@mail.uri.edu or Office of Human Resources Administration (60 Lower College Road, Kingston, RI 02881). Thank you.

Attachment
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. §16-97-7, 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:

STATE OF RHODE ISLAND
COUNTY OF _______________________

In ______________________, on this _______ day of ______________________, 20 _____, before me personally appeared ______________________ to me known and known by me to be the person executing the foregoing instrument, and he/she acknowledges said instrument by his/her executed to be his/her free act and deed.

Notary Public
Print Name:
My commission expires:

Signature of Dependent, Spouse or Domestic Partner Student
Print Name:

STATE OF RHODE ISLAND
COUNTY OF _______________________

In ______________________, on this _______ day of ______________________, 20 _____, before me personally appeared ______________________ to me known and known by me to be the person executing the foregoing instrument, and he/she acknowledges said instrument by his/her executed to be his/her free act and deed.

Notary Public
Print Name:
My commission expires:

R.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
STATE OF RHODE ISLAND
COUNTY OF ____________

In ________________, on this ______ day of ________________, 20__, before me personally appeared _________________________ to me known and known by me to be the person executing the foregoing instrument, and he/she acknowledges said instrument by his/her executed to be his/her free act and deed.

Notary Public
Print Name: ________________________
My commission expires: ________________________

STATE OF RHODE ISLAND
COUNTY OF ____________

In ________________, on this ______ day of ________________, 20__, before me personally appeared _________________________ to me known and known by me to be the person executing the foregoing instrument, and he/she acknowledges said instrument by his/her executed to be his/her free act and deed.

Notary Public
Print Name: ________________________
My commission expires: ________________________