

**Release of Academic Records-  
Tuition Waiver Information  
FERPA Release**

The undersigned hereby authorize the University of Rhode Island Board of Trustees, 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<sup>1</sup> 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.

STATE OF RHODE ISLAND  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
**Signature of Employee (and/or Employee Student)**  
**Print Name:** \_\_\_\_\_

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 \_\_\_\_\_

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

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: \_\_\_\_\_

<sup>1</sup>H...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 herspouse, 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***

\_\_\_\_\_  
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: \_\_\_\_\_

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\_\_\_\_\_  
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: \_\_\_\_\_