

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)  
ACKNOWLEDGMENT AND WAIVER FOR TRANSFER APPLICANT**

Name of Student: \_\_\_\_\_  
Last 4 digits of Student's SSN: \_\_\_\_\_  
Student's Date of Birth: \_\_\_\_\_  
Student's Former School: \_\_\_\_\_

I, the undersigned, am the parent or legal guardian of the Student named above, and I am seeking Student's admission to Our Lady of Mercy School, Baton Rouge, Louisiana ("OLOM School").

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**ACKNOWLEDGMENT**

The Family Educational Rights and Privacy Act of 1974 ("FERPA") gives parents certain rights with respect to their children's education records, including the right to privacy of those education records. The regulations promulgated under FERPA allow a school institution to disclose a student's education records to officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll, or where the student is already enrolled so long as the disclosure is for purposes related to the student's enrollment or transfer. By signing below, I hereby acknowledge that the Former School named above is permitted to submit to OLOM School copies of any and all documents and information relating to the Student's education record, including, without limitation, records, notes, reports, attendance records, grades, disciplines, permission slips, financial records, and/or notes of any kind, all in connection with Student's admission application to OLOM School.

Signature of Parent/Guardian: \_\_\_\_\_  
Printed Name of Parent/Guardian: \_\_\_\_\_  
Date Signed: \_\_\_\_\_

\*\*\*\*\*

**WAIVER**

I understand that the below-named official(s) from Former School will be asked to complete and submit to OLOM School a recommendation and/or referral regarding Student, to be used by OLOM School in connection with Student's admission application. Under FERPA, a parent has the right to review letters of recommendation or letters of referral ("Referrals") in the event the minor student is admitted into and attends the new school. However, to allow for more complete candor from the person submitting this information, OLOM School asks that parents strongly consider waiving their right of access to those Referrals. By signing below, I hereby waive the right of access to any Referrals submitted to OLOM School in connection with Student's admission application.

Name and E-mail Address of Former School official(s) completing the Referral:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*\*This waiver is optional, and a parent/guardian can elect not to waive its rights as stated above.\*\***

Signature of Parent/Guardian: \_\_\_\_\_  
Printed Name of Parent/Guardian: \_\_\_\_\_  
Date Signed: \_\_\_\_\_