



Madrid
SAINT LOUIS UNIVERSITY

Student Waiver Statement

I certify that I _____, am a student at Saint Louis University. I further certify that as of this date, I give my permission to disclose to my parents, legal guardian or other party specified below, information contained in my student records under the conditions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment). Please specify below:

Parent(s)/guardian(s)/other party or institution name(s) _____

The waiver is valid for the time the student remains a student at Saint Louis University but may be cancelled by the student at any time by contacting the Office of the Registrar.

Signature: _____

Print Name: _____

Student ID #: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone, please include Area Code: _____

Date: _____

Please return to: Office of the Registrar
 Saint Louis University
 Avda. Del Valle, 34
 28003 Madrid, Spain

Or fax c/o the Registrar to: +34 91 554 6202