Completing an Online FERPA Waiver Authentication via Self-Service Banner

1. **Login to Self-Service Banner (SSB)**
2. **Go to the Student tab (Student and Financial Aid menu)**
3. **Click on the FERPA Menu link**

Student and Financial Aid

Admissions
Apply for Admission or Review Existing Applications
Registration
Look up classes, check your class schedule.
Student Records
View your holds, grades, transcripts, and degree evaluations (CAPP)
Student Account
View your account summaries, statement/payment history and t~~
Health Center
Meningitis Immunization Survey
~~Student Senate Elections~~
FERPA Menu
FERPA Waiver Authentication Survey
RELEASE: 8.5.1

4. **Two Options on the FERPA Menu:**
   - **Add New FERPA Waiver Authentication Survey**
   - **View/Edit Waiver Authentication Survey**

5. **To enter a FERPA waiver, click the Add option**

Information Text

FERPA Menu

The Family Educational Rights and Privacy Act of 1974 is a federal law that establishes the privacy rights of students (parents if the student is under 18) with regard to educational records.

The college cannot discuss your student account with you, a parent, or other third party over the phone or in person unless you complete the FERPA Waiver Authentication Survey. This will authorize the college to release information to you or that party if the password you have designated is supplied.

To create a FERPA password, and setup access to your account, ~~you~~ must complete the FERPA Waiver Authentication Survey (links below).

Add New FERPA Waiver Authentication Survey
View/Edit FERPA Waiver Authentication Survey

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FERPA

Name: : Angela M Spackmann   **Term:** 999999 The End of Time   **Survey Status:** Not Completed

* - indicates a required field.

FERPA WAIVER AUTHENTICATION

The Family Educational Rights and Privacy Act of 1974 is a federal law that establishes the privacy rights of students (parents if the student is under 18) with regard to educational records.

SUNY Adirondack will uphold student confidentiality rights and protect access to information as provided by the Family Educational Rights to Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99). The act applies to all individuals formerly and currently enrolled at SUNY Adirondack. No exclusion is made for non-U.S. citizen students. However, the act does not apply to a person who has applied for admission, but who never actually enrolled in or attended the institution, and deceased persons. Except as allowed by law, information from the student's record will only be released with the consent of the student.

I understand that I must provide consent for SUNY Adirondack to disclose personally identifiable information from my educational records to anyone other than myself.

I understand that in order for SUNY Adirondack to disclose information over the phone the college must authenticate the caller.

I understand that I am not required to complete this FERPA Waiver Authentication survey if I do not wish consent to be granted or if I do not want to receive information over the phone.

By clicking on the Next button below to continue this survey, I am acknowledging that I have read and understand the above statements.

Please note: To exit this FERPA Waiver Authentication survey without completing it, do not click the Next Page button below and simply navigate to another area of Self Service Banner using the tabs above.

Page 1 of 6   [Next Page]   ⬅ — — — **Click *Next Page***

RELEASE: 8.2S1.5

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6. Fill in information on person for whom student is granting some disclosures or permissions

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FERPA

Name: : Angela M Spackmann   **Term:** 999999 The End of Time   **Survey Status:** Not Completed

* - indicates a required field.

PERSON / RELATION INFORMATION

Enter the name and relation of the person to whom you would like to grant/not grant disclosure(s) and/or permission(s):

* First Name: [   ]

* Last Name: [   ]

* Relationship to Student: [Self ▾]   → **Fill in Person Information**

If other, enter relationship: [   ]

Page 2 of 6   [Prior Page] [Next Page]   ⬅ — — — **Click *Next Page***

RELEASE: 8.2S1.5

7. **Enter a password for this person**

FERPA

Name: : Angela M Spackmann **Term:** 999999 The End of Time **Survey Status:** Not Completed

Reference answers from prior question

* - indicates a required field.

FERPA PASSWORD

In order for your information to be disclosed to Jane Doe over the phone, the FERPA password you enter below and your Banner Student ID must be provided. Only the records/information you choose on the following screens will be disclosed or discussed with this individual.

Enter a FERPA password to be used in the event that Jane Doe requests your student information be disclosed to him/her over the phone.

* FERPA Password: [   ] **← Enter Password to be used by this person**

Please note: Your FERPA password can be up to 10 characters in length. It cannot be set to your date of birth, your Banner Student ID, or your Social Security Number.

Page 3 of 6 [Prior Page] [Next Page] **← Click *Next Page***

RELEASE: 8.2S1.5

8. **Select which items you would like to disclose to the person for whom you are filling out the FERPA waiver**

FERPA

Name: : Angela M Spackmann **Term:** 999999 The End of Time **Survey Status:** Not Completed

* - indicates a required field.

DISCLOSURES & NONDISCLOSURES

Note: Access to Financial Aid Information can be granted through filing paperwork directly with the Financial Aid Office.

I am hereby granting consent for the following records/information to be disclosed or not disclosed to Jane Doe as indicated below:

* Admissions Records:
  ◉ Do Not Disclose   ○ Disclose

* Attendance Records:
  ◉ Do Not Disclose   ○ Disclose

* Billing/Student Account Information:
  ◉ Do Not Disclose   ○ Disclose

* Grades:
  ◉ Do Not Disclose   ○ Disclose

* Graduation Information:
  ◉ Do Not Disclose   ○ Disclose

* Schedule:
  ◉ Do Not Disclose   ○ Disclose

Change disclosure options as desired

Page 4 of 6 [Prior Page] [Next Page] **← Click *Next Page***

RELEASE: 8.2S1.5

9. **Select whether or not to grant this person permission to speak to specific campus offices/personnel**

FERPA

Name: : Angela M Spackmann   **Term:** 999999 The End of Time   **Survey Status:** Not Completed

* - indicates a required field.

PERMISSIONS

I hereby grant permission for Jane Doe to speak with the following person(s):

* Accessibility Services Personnel:
◉ Do Not Grant   ○ Grant

* Advisor/Counselor:
◉ Do Not Grant   ○ Grant

Change permission options as desired

Page 5 of 6   [Prior Page] [Next Page]   **Click *Next Page***

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10. **Review summary of all responses**
    - **Use *Prior Page* buttons to go back and make corrections**

FERPA

Name: : Angela M Spackmann   **Term:** 999999 The End of Time   **Survey Status:** Not Completed

* - indicates a required field.

CONFIRM AND SUBMIT

Please review your information and answers below. If changes are necessary, you may make changes by using the Prior Page buttons at the bottom of the page. Once all information appears correctly on this summary page, you must click the Submit button to put this FERPA waiver into effect.

This FERPA waiver applies to the release/non-release of my information to:

Name: Jane Doe
Relationship: Parent

Disclosures & Non-Disclosures

Admissions Records:	Do Not Disclose
Attendance Records:	Do Not Disclose
Billing/Student Account Information:	Disclose
Grades:	Do Not Disclose
Graduation Information:	Disclose
Schedule:	Do Not Disclose

Summarizes all answers for review

Permissions

Accessibility Services Personnel:	Disclose
Advisor/Counselor:	Do Not Disclose

Page 6 of 6   [Prior Page] [Submit]   **Click *Submit* if finished**

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11. Once submitted, directed to confirmation screen

SUNYADIRONDACK

SUNY-ADK | Personal Information | Student | Financial Aid | Faculty Services | Employee | WebTailor Administration

Search [_____] Go   SITE MAP   HELP   EXIT

FERPA List

✓ Your FERPA entry has been Saved...   ← ▬ ▬ ▬ **Confirmation**

Options for each ↓

		Records Access Permissions Here is shown your consent for the following records/information to be disclosed or not disclosed to the individuals listed. Records flagged with "X" are Not Granted Records flagged with "✓" are Granted						**Div/Dept Grants** Here is shown your consent for the individuals listed to discuss your records with SUNY Adirondack personnel. Dept/Div flagged with "X" are Not Granted Dept/Div flagged with "✓" are Granted	
Key	**Password** (hover to show)	**Admissions**	**Attendance**	**Billing**	**Grades**	**Graduation**	**Schedule**	**Accessibility Services**	**Advisor/ Counselor**
Jane_Doe	Hover Here	X	X	✓	X	✓	X	✓	✓ Edit Delete

All FERPA waivers entered show here ←

▬ ▬ **Hover mouse here to show password**

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12. Delete will prompt user to confirm deletion of the entry

SUNYADIRONDACK

SUNY-ADK | Personal Information | Student | Financial Aid | Faculty Services | Employee | WebTailor Administration

Search [_____] Go   SITE MAP   HELP   EXIT

Delete FERPA

Are you sure you want to delete this record?

[Delete] [Cancel]   ← ▬ ▬ **Click *Delete* to confirm; *Cancel* to cancel the delete**

RELEASE: 8.01.06

13. **Edit will bring you back to beginning of survey, but as you go through it, the data already entered for that person will be pre-filled.**

FERPA

* - indicates a required field.

FERPA WAIVER AUTHENTICATION

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FERPA

Name: : Angela M Spackmann   Term: 999999 The End of Time   Survey Status: Not Completed

* - indicates a required field.

PERSON / RELATION INFORMATION

Enter the name and relation of the person to whom you would like to grant/not grant disclosure(s) and/or permission(s):

* First Name: Jane
* Last Name: Doe
* Relationship to Student: Parent ▼
If other, enter relationship:

Page 2 of 6   Prior Page   Next Page

Pre-filled information

* First Name: Jane
* Last Name: Doe
* Relationship to Student: Parent ▼