

I. Appendix: Forms

A. Medical Physics FERPA Waiver

The Family Educational Rights and Privacy Act (FERPA) is a Federal Law that protects the privacy of student education records, including financial, academic, and/or advising records. For the student's protection, FERPA limits release of student record information without the student's explicit written consent. A student may withdraw a waiver at any time.

The Medical Physics Graduate Program is a joint academic venture of Mary Bird Perkins Cancer Center (MBPCC) Radiation Oncology Clinic and the Louisiana State University (LSU) Department of Physics and Astronomy. LSU students enrolled in the program attend classes and do research on the MBPCC campus. Access to student records at LSU and MBPCC is essential.

This waiver serves to allow LSU Medical Physics Graduate Program student records to be transferred and/or discussed between LSU Department of Physics and Astronomy and MBPCC at will and as needed, as determined by the director of the Medical Physics Program. Institutional information listed below.

LSU Department of Physics and Astronomy
Medical Physics Program
439 Nicholson
Baton Rouge, LA 70803
Program Coordinator (225)578-2163
medphys@phys.lsu.edu

Mary Bird Perkins Cancer Center
Radiation Oncology Clinic
4950 Essen Lane
Baton Rouge, LA 70809
Administrative Assistant (225)215-1266

Student Disclosure and Release of Information	
Student Name (Please Print) _____	LSU ID Number (Required) _____
I understand that any and all personally identifiable information concerning my student education records is protected under FERPA. I further understand that I may waive that protection and give access of my records to individuals and/or institutions of my choice.	
This release allows individuals at MBPCC to gain access to my student education records, including financial, academic, and/or advising records from the LSU Department of Physics and Astronomy.	
Access granted to student education records via this form remains in effect until officially revoked by the student.	
By signing and submitting this release, I agree to waive my rights under FERPA and allow MBPCC Radiation Oncology Clinic to receive access to my student education records. I authorize LSU Department of Physics and Astronomy to release any of my student education records to MBPCC. I understand that I can revoke this access at any time.	
Student Signature (Required) _____	Date _____
Revocation of the Release of Financial and/or Academic Information	
I acknowledge that by signature below, I no longer waive my rights under FERPA and I am withdrawing my permission to release any student education records, including financial, academic, and/or advising records to those individuals or institutions identified on this document. I further understand that if I wish to grant access to my records that a new release form will need to be completed.	
Student Signature (Required) _____	Date _____

Office Use Only: Received by: _____ Date: _____
Form MEDP-FERPA-1, Revised Feb. 3, 2021