



AUTHORIZATION FOR RELEASE OF PERSONALLY IDENTIFIABLE STUDENT INFORMATION

Student consent is required for the release of **personally identifiable information** such as semester grades, academic record, class schedule, current academic standing, student ID and/or Social Security number.

Students may consent to the release of **personally identifiable information** to others by completing this form. The Family Educational Rights and Privacy Act of 1974 (FERPA) allows disclosure of personally identifiable information without student consent to:

- certain government agencies/officials,
- sponsoring agencies,
- outside contractors performing a service for the institution that the institution would otherwise perform for itself,
- National Science Foundation surveys as authorized by Congress,
- subpoenas/court orders, select law enforcement agencies, and
- selected school officials on a need to know basis who have defined legitimate educational interest in such records.

This request will remain in effect indefinitely, until the student named below notifies the Office of the Registrar otherwise in writing.

I give permission for the individual(s) named below to request in writing copies of my academic grades and transcript (fee required for official transcript), financial status, payment information and other personally identifiable information contained in my university records. University policy requires a written request to obtain these documents.

Student Name _____ Student ID Number _____
Last name First name

Yes, I authorize the release of information to the parties listed below:

Third Party Name _____ Relationship _____

Third Party Name _____ Relationship _____

Student Signature _____ Date _____

Office of the Registrar Use Only
Operator Initials _____
Date Processed _____

FLORIDA'S STEM UNIVERSITY®