AUTHORIZATION TO RELEASE EDUCATION RECORDS TO A THIRD PARTY

Student Name ___________________________ University Identification Number ________________

The Family Educational Rights to Privacy Act 1974 (FERPA), requires FGCU to treat non-directory information as confidential information. Such information cannot be released to anyone other than the student. By FERPA definition, under most conditions, parents, legal guardians and/or spouses are considered as third party individuals and are not allowed access to the education record without the written consent of the student. Parents may also receive access to the student’s education record through compliance with a subpoena, in connection with a health or safety issue, or by providing a copy of the recent federal income tax form noting the student as a dependent of the parent (Internal Revenue Code of 1986, Section 152).

I, the student, understand that by signing this form, I grant FGCU permission to discuss and/or release information pertaining to my education record to the person(s) listed below. This information may be related to directory or non-directory information. I also understand that financial aid and medical/health information are not encompassed in this release.

Unless specified below, this permission includes all areas deemed necessary by the University during my enrollment. I understand this consent form will be in effect for the entire FGCU educational career, unless I notify the Office of the Registrar in writing.

NAME: ___________________________________________ RELATION: ______________________
NAME: ___________________________________________ RELATION: ______________________
NAME: ___________________________________________ RELATION: ______________________
NAME: ___________________________________________ RELATION: ______________________

Limitation Of Information to be Released (Please check one)

☐ The release of information is unlimited at the discretion of the University.

☐ The release of information includes anything EXCEPT for the following: ________________________________

________________________________________ _____________________________
Student Signature Date

Office of the Registrar
10501 FGCU Boulevard South
Fort Myers, FL 33965-6565
Local  239.590.7980
Toll Free  888.373.2040
Fax  239.590.7983
ORR@fgcu.edu

SGASTDN - Student Comment
Office Use Only
Processor’s Initials/Date

Revised 07.2006