Release of Student Judicial Information
Office of Housing and Residence Life
Florida Gulf Coast University

I, _____________________________, authorize the Office of Housing and Residence Life (print student name)

at Florida Gulf Coast University to discuss and/or release information regarding my student judicial records to the following individuals:

__________________________________ _____________________________ (print name) (relationship to student)

__________________________________ _____________________________ (print name) (relationship to student)

__________________________________ _____________________________ (print name) (relationship to student)

__________________________________ _____________________________ (print name) (relationship to student)

By signing below I understand that I am waiving my right to confidentiality as granted to me by the Family Educational Rights and Privacy Act of 1974 (FERPA) in regards to my student judicial records. By FERPA definition, under most conditions, parents, legal guardians and/or spouses are considered third party individuals and are not allowed access to the education records without the written consent of the student. I understand that by signing this form, the details of my student judicial records may be discussed with the individuals listed above.

________________________________            _________   __________________

(student signature) (date) (university ID #)

________________________________          __________________

(witness signature) (date)