

CONSENT FOR DISCLOSURE OF INFORMATION/RECORDS

To: University of Central Florida

From: _____
Student's First Name Middle Initial Last Name

Student ID Number (PID)

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of student education records. While parents/guardians/spouses/ and others may have an interest in the student's education records, access to or release of education records and information therefrom is by written student consent. Students may choose to complete and submit this "FERPA Release Form" to allow access to or release of their education records.

I hereby authorize the University of Central Florida to release the following records or information:

- Academic Record
Please specify: _____

- Other (please specify)

To the following individual(s) (please print and include address, other contact information):

This Consent for Disclosure of Information/Records will remain in effect until I submit a written and signed notification revoking my permission to release records or until I am no longer a student at the University of Central Florida, whichever comes first. I understand that any revocation of this consent will have prospective application only.

Signature: _____ Date: _____