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: ____________