

STETSON UNIVERSITY

Authorization and Consent to Release Education Records to Family Members

The *Family Educational Rights and Privacy Act of 1974 (FERPA)*, as amended is a federal law that protects the privacy of student education records. By completing this authorization and consent form, a student may grant permission to authorized personnel of the University to release some or all of their education records to parent, spouse, or a family member (or a third party).

If you wish for Stetson University personnel to discuss your records with anyone, you must complete, sign, and return this Consent to Release form.

I authorize Stetson University to discuss or release the following information to the person(s) identified below:

- _____ Academic Records (transcripts, grades, GPA)
- _____ Advising Records
- _____ Student Account and Billing Records
- _____ Financial Aid Records (grants, loans, scholarships)
- _____ Student Affairs Records (housing, conduct/disciplinary)
- _____ Other (specify) _____

Persons authorized to receive these records:

Name: _____
Email: _____
Address: _____
City, State, Zip: _____
Telephone #: _____
Date of Birth: _____
SS# (last 4 digits only): ____ _

Name: _____
Email: _____
Address: _____
City, State, Zip: _____
Telephone #: _____
Date of Birth: _____
SS# (last 4 digits only): ____ _

By my signature, I acknowledge this authorization and consent to be valid. I understand that this consent remains in effect until written revocation from me is received by the above mentioned office/department/school. I also understand that such revocation does not affect disclosures previously made.

Student Name (print) _____
Signature _____
Student ID number _____
Date _____

Note: This form must be filed by the student with the office/department/school that is being requested to share information with a family member or third party as noted above. Also, this form does not allow the release of medical information. A separate form for release of medical information is available with the Health Services Office.

Please scan and e-mail the completed form to registrar@stetson.edu or fax it to 386-822-7146