FIU

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) FORM

FERPA is a Federal law that protects the privacy of student education records, both financial and academic. If a student is 18 years or older or attending a postsecondary educational institution, the privacy rights are the students' such that any release of student record information must be done with the student's explicit written/electronic consent except in limited circumstances. Florida Statutes 1006.52, 1002.225 and FIU Policy 108 – Access to Student Education Records also protect this information.

Students may authorize their parent, legal guardian, or other third party, partial or full access to the student's financial or educational records.

Date:	Student's Full Name:	Panther ID#:

Step 1: Select FULL or LIMITED ACCESS. If LIMITED ACCESS is chosen, indicate specific information or records to be granted. Skip to Step 2 if you are requesting to remove an individual's or agency's access to your records. Note: Neither full or limited access provide authority to make changes to the student's education record.

☐ **Consent for FULL ACCESS to Educational Records:**
Educational Records may include:

- All courses/ credits/ grades
- All class schedules
- Test scores
- Graduation Information
- Disciplinary action
- Immigration information
- Financial information
- Health information
- Transcripts
- Disability records

☐ **Consent for LIMITED ACCESS to Educational Records:**
Indicate specific information or records to be granted.

_____

_____

_____

Step 2: Select duration of access.

☐ One Time Use: This authorization can be used only once.
☐ Limited Use: This authorization is **effective** _____ and **expires** on _____.
☐ Long Term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing or **for a maximum of one year**.
☐ Request to remove consent.

Step 3: Indicate purpose for the authorization for release of information.

Step 4: Indicate name and address of Individual or Agency to whom access to records may be provided.

Step 5: Provide signature.

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I also authorize the release of my medical records which may be classified as protected health information and covered by stated and federal law, including HIPAA. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing an updated notice of such revocation to FIU, HWCOM Office of the Registrar. **This authorization is valid for one year from the date I sign this release (unless noted differently above) with appropriate identification**. The person and/or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release. I will not be contacted after any inquiry is made or information is released to the individual(s) or agencies listed on this form.

Student's Signature _____ Date

For Internal Use Only

COM Staff Validation _____ ☐ **Valid Photo ID was presented**
Print Name and Provide Signature

SUBMISSION INSTRUCTIONS COMREGISTRAR@FIU.EDU