



FERPA RELEASE

AUTHORIZATION FOR ACCESS TO MY EDUCATION RECORD

Saint Leo University provides for the confidentiality of student records in accordance with the Family Educational Rights and Privacy Act (FERPA), as amended. Accordingly, in order for us to be able to discuss your education record with your parents, spouse, or other persons who you designate, you must provide your authorization. "Education record" includes those records, files, documents and other material that contain information directly related to the student and are maintained by the university or a person acting for the university. This includes admission, enrollment, financial aid, academic, and disciplinary records. An education record includes information recorded in any medium but does not include personal notes, records only available to law enforcement personnel, employment records, or medical records.

Name of Student _____

SLU ID Number _____ Last 4 of SSN _____ DOB _____

In accordance with the Family Educational Rights and Privacy Act (FERPA), I authorize Saint Leo University to release my education record to the following persons, agencies, or organizations for keeping such persons, agencies, or organizations informed of my progress at Saint Leo University:

Name(s) _____

Relationship _____

Agency/Organization _____

Address _____

Phone Number _____

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only to the persons or entities specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law. This consent will remain in effect until revoked by me, in writing, and delivered to the Registrar's Office of Saint Leo University, but that any such revocation shall not affect disclosures previously made by SLU prior to receipt of any such written revocation.

Return this form to: Saint Leo University, Registrar's Office, MC - 2278, P.O. Box 6665, Saint Leo, Florida 33574. Fax Number: 352-588-8656.

Student's Signature Date _____