



Authorization to Disclose Education Information Form

In accordance with the Family Educational Rights and Privacy Act, USF St. Petersburg may disclose information from the education records of a student provided that the University has on file written consent from the student.

Student Information:

Name _____

Address _____

Student Number _____ Email: _____

Third Party Information:

Name _____

Relationship to the student _____

Address _____

Student Authorization for Release

I, _____, hereby certify that I am the individual named above as the subject of these records. I understand that the knowing and willful request for, or acquisition of, a record pertaining to an individual under false pretenses is a criminal offense under the Privacy Act. I hereby authorize USF St. Petersburg officials to disclose information in my records.

Signature _____ Date _____