FERPA CONSENT TO RELEASE STUDENT INFORMATION
FLORIDA COASTAL SCHOOL OF LAW
OFFICE OF THE REGISTRAR

Instructions: This form is to be used by the student to grant access to their education records to other entities besides themselves, such as a parent, spouse, etc. When completing this form, please print all items clearly to allow for correct processing.

The Institution maintains two types of student education records: directory information and other student records. Directory information is considered public information and may be released by the Institution upon request, in accordance with existing law. Any student who does not wish directory information released must submit the appropriate documentation indicating such with the Office of the Registrar.

In signing this waiver, I, ____________________________, give access of education records indicated below at Florida Coastal School of Law to the individual(s) listed below. I hold the authority to revoke this waiver at any time.

1. ____________________________________________ ______________________
   Name       Relationship

2. ____________________________________________ ______________________
   Name       Relationship

3. ____________________________________________ ______________________
   Name       Relationship

4. ____________________________________________ ______________________
   Name       Relationship

5. ____________________________________________ ______________________
   Name       Relationship

Education records to be released (check all that apply):

_____ All Records
_____ Disciplinary Records
_____ Enrollment Verifications
_____ Financial Aid
_____ Application
_____ Other (specify) _____________________________

_____ Grades
_____ Schedule
_____ Student Account/Billing
_____ Transcript
_____ Letters of Recommendation

Purpose of Release (check one):

_____ Family Communications
_____ Employment
_____ Admission to an educational institution
_____ Other (specify) _____________________________

Duration of Release (check one):

_____ One-Time Use: This authorization can be used only once.
_____ Limited Use: This authorization expires on ________________.
_____ Unlimited Use: This authorization is permanent and will remain effective until requested in writing to be removed.

Name (print) ____________________________________________
Student ID Number ______________________________________

Signature ____________________________________________
Date ____________________________________________