



Understanding The Family Educational Rights and Privacy Act of 1974 (FERPA)

Family Educational Rights and Privacy Act (FERPA) sets out requirements designed to protect the privacy of students *and* parents. The law requires Florida Atlantic University to provide a parent access to their dependent child's educational records.

Independent students who are currently or formerly enrolled at Florida Atlantic University are protected under The Family Educational Rights and Privacy Act. This means that non-directory information *may not be disclosed* except under specific exemptions.

EXEMPTIONS

The student's consent is NOT required to disclose information to:

- Florida Atlantic University faculty, staff & administrators with a legitimate educational interest,
- Parents of a *dependent* student (the parents claim the student with the IRS),
- Financial Aid processors,
- Comply with a judicial order or subpoena, and
- in a health or safety emergency.

DIRECTORY INFORMATION

Florida Atlantic University may disclose what is known as "directory information" on a student without violating FERPA.

Directory Information includes a student's name, address, telephone number, date and place of birth, major, dates of attendance, degrees and awards received, status (full time, half-time, etc) and recent previous school attended.

So, what does this mean for *you*?

With specific exceptions (listed above), a signed and dated consent by the student must be provided before disclosure of non-directory information can be made to your parents or any other third party.

You are *not* required to sign the waiver below, and it can be cancelled at any time by your request; however, Florida Atlantic University *cannot* discuss your records with your parents (or any other third party) unless we have a signed FERPA waiver naming that person in your file or unless your parent claims you as a dependent on their most recent years federal tax return (a copy of the tax return will be required to verify this condition). Fill out the Consent to Release Confidential Student Record Information (waiver) form below. The student must bring the signed form or a copy of the parent's most recent federal tax return to the Office of the Registrar or any University Department/Office.

If you have any questions regarding your FERPA rights or the FERPA waiver, please contact the Registrar's Office at (561) 297-3050.

Florida Atlantic University
Office of the Registrar
777 Glades Road
P.O. Box 3091
Boca Raton, Florida 33431-0991
Email: registrar@fau.edu

Please FAX the form to the Registrar's Office at: (561) 297-2756

or mail it to: Registrar's Office
777 Glades Road, SU 144
Boca Raton, FL 33431

Florida Atlantic University

CONSENT TO RELEASE CONFIDENTIAL STUDENT RECORD INFORMATION (WAIVER FORM)

Rev: 01/01/2009

In accordance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. § 1232g), also known as the Buckley Amendment, and Florida Statutes § 1002.22, Florida Atlantic University may not release personally identifiable information from education records without the written consent of the student. Exceptions to this rule include health or safety emergencies, educational authorities, school officials, parent(s) who claim the student as a dependent on the most recent year's federal tax return (a copy of the tax return will be required to verify this condition), and other exceptions as provided by law.

Student's Authorization to Release Information

Student's Name: _____ Z#: _____

I authorize the release of personally identifiable information from the above student's education record maintained by the following custodians at Florida Atlantic University: (Initial next to each area you wish to authorize.)

Office of Student Affairs	_____
Office of the Registrar	_____
Office of Academic Advising	_____
Office of Financial Aid/Admissions	_____
Office of the Controller	_____
Office of International Programs	_____
Athletics Department	_____
Housing and Residential Life	_____
Other: _____	_____
Other: _____	_____

-Or-

ALL student education records maintained by Florida Atlantic University _____

NOTE: Student Health/Counseling records require separate release authorizations available at Student Health and Counseling Service offices.

To the following person(s) or organization(s):

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

For the following purpose: _____

I understand my personally identifiable information from education records may be released orally or as copies of written records, as preferred by the requester. I have a right to receive copies of any written records released upon request. I acknowledge that this consent will be in effect and honored until such time that I revoke this authorization. This consent form will be retained on file at the Office of the Registrar.

I understand that I may revoke this consent at any time by submitting a request in writing to the Office of the Registrar.

Student Signature: _____ Date: _____