



FLORIDA ATLANTIC UNIVERSITY

FAU Student Government Family Education Rights and Privacy Act Consent Form

The federal Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) and state law protect the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

You have the right to retain your privacy and/or to give permission to whomever you choose to be informed of your academic information and status.

I, _____, waive my FERPA right to privacy of my education records and information that may relate to my involvement with, participation in, or seeking office with FAU Student Government or any student organization, and hereby authorize Florida Atlantic University to release such records. These records may be released to any requestor of such records for the purpose of complying with the Florida public records law. I understand that I may receive a copy of any released records upon my request.

Signature: _____

Date: _____

Student Number: _____

(Original to Registrar, copy to Student Affairs)

Division of Student Affairs

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