



VIP REQUEST ACCOUNT FORM

Your Name:	<input type="text"/>
Your Campus:	<input type="text"/>
Your College:	<input type="text"/>
Your Department:	<input type="text"/>
Your Email:	<input type="text"/>
Your Phone Number:	<input type="text"/>

Your Supervisor's Name:	<input type="text"/>
Your Supervisor's Phone	<input type="text"/>
Your Supervisor's Email	<input type="text"/>

The Family Educational Rights and Privacy Act, Federal Law 20 U.S.C 1232g (FERPA), and Florida law, Section 228.093, Florida Statutes, provide a right of privacy to students regarding their educational needs. Under this law and FERPA, an education institution and its employees may not permit the release of personally identifiable records or reports of a student without written consent of the student.

- I understand that disclosing the information contained in the VIP Student Records System without appropriate authorization is prohibited.
- I understand that I am required to seek the guidance of my departmental director before releasing any educational records from this system.
- I understand that failure to comply with these regulations is a violation of federal and state laws and conditions for disciplinary action up to and including termination of employment at FAU.

☐ I agree

Submit