Consent to Disclose Education Records

The University of Florida ensures the confidentiality of student records in accordance with the provisions of various federal, state, and university regulations, including the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, also known as the Buckley Amendment. The statutes and regulations also provide certain rights to students concerning their education records.

All student records including but not limited to academic records, counseling records, and disciplinary records are confidential and cannot be released without the student's consent except directory information that may be released without the consent of the student.

Student educational records may be released without consent to school officials who have a legitimate educational interest in accessing the records.

The university also may disclose information from a student's record without the student's consent to individuals or entities permitted such access under applicable federal and state law.

An education record is any record directly related to a student that is maintained by an educational agency or institution, or by a party acting for the agency or institution. Examples of an education records include, but are not limited to:

- Biographical information including date and place of birth, gender, nationality, information about race and ethnicity, and identification photographs
- Grades, test scores, evaluations, courses taken, academic and clinical activities, and official communications regarding your status
- Coursework including papers and exams, class schedules, as well as written email or recorded communications that are part of the academic process
- Disciplinary records
- Financial aid and financial aid records
- Internship program records
Education records do not include:

- Sole possession records that are used only as memory aids and not shared with others
- Law enforcement unit records
- Employment records, unless the employment is dependent on the employee's status as a student (such as evaluations of graduate assistants)
- Medical records
- Records that only contain information about an individual after he or she is no longer a student at that agency or institution

By signing this document below, I consent for the appropriate record custodian to release information from my education records to the following parties, as designated below:

☐ Parent Name(s):

______________________________________________________________________________

☐ Professor Name(s):

______________________________________________________________________________

☐ University Administrator(s):

______________________________________________________________________________

☐ Other – Please indicate name(s) and relationship (e.g., spouse, sibling, friend)

______________________________________________________________________________
Type(s) of Information to be Released:

☐ Grades/GPA

☐ Academic Progression (including remediation)

☐ Clinical Progression

☐ Disciplinary and Professionalism records

☐ Schedule (academic and clinical)

☐ Other (explain)

☐ All Academic and Clinical Records

Duration of release

☐ Limited Use: Expire this authorization on this date: ________________________________

☐ Unlimited Access: Allow until a written revocation is obtained from the student

Student Signature and Date:

__________________________________________________________

Printed Name and Student ID Number:

__________________________________________________________