



# FLORIDA A&M COLLEGE OF LAW

REGISTRAR'S OFFICE

201 Beggs Ave  
Orlando, FL 32801

## (FERPA) STUDENT CONSENT FORM

Student I.D.	Student's Name (Last, First, Middle)	Date of Birth		
Address (Street, P.O., Apt. #)	City	State	Zip Code	Phone #'s
				Cell: ( )

Students Signature \_\_\_\_\_

Date: / /

Person to whom information may be released:

Name (Last, First, Middle Initial)	Address (Street, P.O., Apt. #)	City	State	Zip Code
Phone #'s	<input type="checkbox"/> The release of information to this individual is unlimited <input type="checkbox"/> The release of information to this individual is limited to			
Home: ( ) -	Signature / Relationship _____			
Cell: ( ) -				

Person to whom information may be released:

Name (Last, First, Middle Initial)	Address (Street, P.O., Apt. #)	City	State	Zip Code
Phone #'s	<input type="checkbox"/> The release of information to this individual is unlimited <input type="checkbox"/> The release of information to this individual is limited to			
Home: ( ) -	Signature / Relationship _____			
Cell: ( ) -				

The Family Education Right to Privacy Act 1974 (FERPA) as well as the amendment to this act, requires FAMU to treat non-directory information as confidential information. This information cannot be released to anyone other than the student. By FERPA definition, parents, legal guardians and/or spouses are considered third party individuals and are not allowed access to a student's education records without the written consent of the student.

By signing this release, the student gives FAMU permission to discuss with, and or release to the person(s) listed above, any and all non-directory information. The party may request information in writing or in person with picture identification at the Office of the Registrar.

This consent form and also be used to access Student Account or Financial Aid information. Please write or visit the Student Accounts Office or Financial Aid to obtain information. For information regarding student accounts, you can contact the Office of Student Financial Services at 850-561-2949 or the Financial Aid Office at 850-599-3730.

Unless specified below, this permission includes all areas deemed necessary by the University during enrollment. I understand this consent form will be in effect my entire educational career as a student at FAMU. If I wish to revoke this consent, I must complete the revocation portion of this form.

Even with this consent form we cannot discuss this information over the telephone. Information cannot be requested via the Internet or by any means other than in person with picture identification or by letter with the signature of the above parent/guardian. For any additional information, please contact Registrar's Office at 407-254-33287.

**The student may revoke this consent at any time; however, each person listed above will be notified of the revocation by the Office of the Registrar.**

**STOP!! STOP!! (Please fill out the form below ONLY if you are revoking these rights) STOP!! STOP!!**

**I hereby REVOKE the right to those listed above to receive any information concerning my academic record, and I am aware that they will be notified of the revocation of this right.**

Student's Signature \_\_\_\_\_ Date: / / Student I.D. \_\_\_\_\_

Florida A&M University College of Law  
Office of the Registrar  
201 Beggs Ave  
Orlando, FL 32801

FOR OFFICE USE ONLY

Date Notified \_\_\_\_\_

Initials \_\_\_\_\_