CONSENT FOR RELEASE OF PERSONAL INFORMATION/EDUCATION RECORDS

I, the undersigned, understand that my consent is required, by the Family Education Rights and Privacy Act of 1974, as amended (“FERPA”), for the University of North Florida Dean of Students Office to release any personally identifiable information from my education records not defined as “Public Information” under the University’s FERPA policy.

I, therefore, give my permission to the University of North Florida, including my Academic Dean’s Office and the Division of Student and International Affairs to release my Disciplinary Records and Academic Standing:

To the following institutions/entities (list):
________________________________________________________
________________________________________________________

For the purposes of: Application to these institutions/entities.

Print Name ______________________ N#: ______________________

Signature ______________________ Date ______________________

This release is valid for one year from the above date.