

**AUTHORIZATION TO RELEASE EDUCATION RECORDS AND TO DISCLOSE
PERSONALLY IDENTIFIABLE INFORMATION FROM EDUCATION RECORDS**

Student's Name: Last: _____ First: _____ Middle _____
Home Address: _____
Last 4 of SSN: _____ Student ID # _____ DOB: ____/____/____
Telephone: _____ Cell: _____

AUTHORIZATION: I, the undersigned student identified above, pursuant to the applicable provisions of the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), hereby authorize **Florida National University** (hereinafter "FNU") to release the following education records and disclose any related personally identifiable information as follows:

Education records to be released:

For the following purpose(s):

To the following party(ies):

_____ (hereinafter the "Recipient(s)")

I understand that once FNU releases the above education records to the Recipient(s), FNU cannot guarantee that the Recipient(s) will not further release or disclose such information to another party.

I understand that this Authorization will remain in effect until revoked by me in writing to FNU. If I wish to revoke this Authorization, I will provide a written notice of revocation to FNU's Clinical Rotation Office at the address listed below. The revocation will be effective immediately upon FNU's receipt of the written notice, except that the revocation will not have any effect on any education records previously released by FNU in reliance on this Authorization before FNU received written notice of revocation.

Florida National University
Attn:
4425 West 20 Ave.
Hialeah, Florida 33012
Electronic Mail:
Phone #
Fax #

I have read and understand the terms of this Authorization and I have had an opportunity to ask questions about the use and disclosure of my education records. By my signature below, I hereby acknowledge and voluntarily authorize FNU to release my education records and personally identifiable information in accordance with this Authorization.

Signature of Student: _____
Print Name: _____
Date Signed: _____