



Understanding the Family Educational Rights and Privacy Act of 1974 (FERPA)

Family Educational Rights and Privacy Act (FERPA) sets out requirements designed to protect the privacy of students and parents. The law requires Florida Atlantic University and Navitas at FAU to provide a parent access to their dependent child's educational records.

Independent students who are currently or formerly enrolled at Florida Atlantic University, including Navitas at FAU, are protected under The Family Educational Rights and Privacy Act. This means that non-directory information may not be disclosed except under specific exemptions.

EXEMPTIONS

The student's consent is *NOT* required to disclose information to

- Florida Atlantic University/Navitas at FAU faculty, staff & administrators with a legitimate educational interest;
- Parents of a dependent student (under the age of 17);
- Financial Aid processors;
- Comply with a judicial order or subpoena; and
- In a health or safety emergency.

DIRECTORY INFORMATION

Florida Atlantic University and Navitas at FAU may disclose what is known as "directory information" on a student without violating FERPA.

Directory Information includes a student's name, address, telephone number, date and place of birth, major, dates of attendance, degrees and awards received, status (full time, half-time, etc) and recent previous school attended.

See reverse →→ → →

**CONSENT TO RELEASE CONFIDENTIAL STUDENT RECORD INFORMATION
(WAIVER FORM)**

In accordance with the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. § 1232g), also known as the Buckley Amendment, and Florida Statutes § 1002.22, Florida Atlantic University and Navitas at FAU may not release personally identifiable information from education records without the written consent of the student. Exceptions to this rule include health or safety emergencies, educational authorities, school officials, parent(s) who claim the student as a dependent on the most recent year's federal tax return (a copy of the tax return will be required to verify this condition), and other exceptions as provided by law.

Student's Authorization to Release Information

Student's Name: _____ Z#: _____

I authorize the release of personally identifiable information from the above student's education record maintained by the following custodians at Florida Atlantic University and Navitas at FAU to the following person(s) / organization(s):

Name	Relationship	Email Address

For the following purpose:

NOTE: Student Health/Counseling records require separate release authorizations available at Student Health and Counseling Service offices.

I understand my personally identifiable information from education records may be released orally or as copies of written records, as preferred by the requester. I have a right to receive copies of any written records released upon request. I acknowledge that this consent will be in effect and honored until such time that I revoke this authorization. This consent form will be retained on file at Navitas at FAU.

I understand that I may revoke this consent at any time by submitting a request in writing to Navitas at FAU.

Student Signature: _____ Date: _____