



Office of the Registrar
11000 University Parkway
Pensacola, FL 32514
(850) 474-2244
Fax (850) 473-7345

Authorization for Release of Student Information

in accordance with Family Educational Rights and Privacy Act (FERPA)

The purpose of this release is to facilitate the communication of student information to authorized individuals identified by the student. Generally, this information will be released without student notification; however, the University reserves the right to notify students prior to the release of information.

The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of education records, establishes the rights of students to inspect and review their education records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings.

I. Student Information:

UWF ID: 970 - -

Name of Student: _____
(please print)

Address: _____
Box # or Street City State Zip Phone #

II. Recipient Information:

I authorize the University of West Florida to release my educational records to the person(s) specified below.

Name(s): _____
(please print)

Address: _____
Box # or Street City State Zip Phone #

Name(s): _____
(please print)

Address: _____
Box # or Street City State Zip Phone #

My educational records may be released upon written request by the listed person(s) bearing a signature, via mail or fax, to the Office of the Registrar. Information will be released on an individual basis when contacted by the authorized person(s). Records which may be released include, but are not limited to: **Financial Aid, Disciplinary, Grades, and Student Account.**

III. Consent:

The above information may be released with my full consent. I understand that this authorization remains in effect until my written revocation is received by the Office of the Registrar.

(Student Signature)

(Date)