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

			First: ressed with the names that are displayed							
	omas will be pro	cesse	a with the ham	les that a	re displayed	i in the	e Unive	ersity system.		
Home Addres	SS:									
Last 4 of SSI	N:	Student	ID #		DOB:	/	/	Date:		
Telephone: _			Cell:		Car	eer:				
and Privacy	TION: I, the unden Act (FERPA) (20 I ollowing education	J.S.C. §	1232g; 34 CFR	Part 99), I	hereby authori	ze Flo	rida Na	visions of the Family I <b>tional University</b> (he ion as follows:	Educational Rights reinafter "FNU") to	
Education re	ecords to be relea	sed:			Anden Ferm					
					order Form	<u> </u>				
• Dip	loma Fee: \$15.00	• You v		-	NFORMATION eight (8) weeks		er to pick	c up your diploma.		
For the follo	owing purpose(s)	:								
To the following Party (ies):					(hereinafter the "Recipient(s)")					
	derstand that one will not further rele					to the	Recipie	ent(s), FNU cannot g	juarantee that the	
Authorization effective imm	, I will provide a w	ritten no I's receip	tice of revocation of the written no	n to FNU's otice, exce	Registrar's Of pt that the revo	fice at cation	the add will not l	riting to FNU. If I w ress listed below. The have any effect on any of revocation.	e revocation will be	
	Florida National Un Hialeah Campus 4425 West 20 Ave. Hialeah, Florida 33( Telephone: (305) 82 Fax # (305) 362-059	)12 21-3333	South Campus 11865 SW 26 St S Miami, Florida 33	Guite H3 175 226-9999	Distance Learn 4425 West 20 / Hialeah, Florid	ning Ave. la 33012 95) 821-3	2	Florida National Univ Training Center 4206 W 12 Ave. Hialeah, Florida 3301 Telephone: (305) 231 Fax # (305) 819-9616	2 -3326	
of my educat		y signati	ure below, I here	by acknow	ledge and vol			questions about the e FNU to release my		
Signature of	Student:									
Print Name:										
Date Signed:						-				
				OFFICE	USE ONLY					
Career: _			_ Degree:		Grad	uatior	Date:			
G.P.A.:_		Ho	onors:							
Collection	n's Signature:			D	ate:					
Student's Signature:			Date:							
	UTH. 2016-06-10 Reg. form 021/2018									