



Florida National University

Student's Authorization to Disclose Information in Education Records Pursuant to the Family Educational Right and Privacy Act of 1974

Please print:

I, _____, of _____
Student's Name Student's Address

Hereby authorize _____ of Florida National University
Campus Office or Department

To disclose the following information, documents, etc., contained in my record

To _____
(Individual, Agency, Institution or Organization or a class of any such to whom disclosure is authorized)

For purpose of _____

Date _____ Signature of the Student _____

Student ID No. _____