Family Educational Rights and Privacy Act (FERPA) Release Form Instructions

FERPA is a Federal law that protects the privacy of student education records, both financial and academic. If the student is 18 years or older or is attending a postsecondary educational institution, the privacy rights are the student’s such that any release of student record information must be done with the student’s explicit written consent except in limited circumstances. One of those circumstances is when the student’s parent(s)/guardian(s) claims the student as a dependent on their Federal Income Tax Return. Florida Statute Section 1006.52 follows FERPA regarding this.

Instructions:
- Students complete the section below.
  Under this part, the student is authorizing their parent, legal guardian, or other third party, full access to the student’s financial or educational records.
- Valid Photo Identification
  The student must present a valid photo identification to substantiate their identity
- Return the completed form and related documentation to one of following offices:

Student Financials Services
Modesto Maidique Campus SASC
Building, Room 101
Fax: 305-348-2941

Student Financials Services
Biscayne Bay Campus Academic
One, Room 100
Fax: 305-919-5403

You may upload the completed form through your FIU portal (my.fiu.edu) under e-forms → third-party.

<table>
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<tr>
<th>Student Name - Please Print</th>
<th>Student ID Number (Required)</th>
<th>Term</th>
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To be Completed by the Student
If you want to authorize FIU to disclose information to a person(s) other than yourself, please complete, sign, and return this form to one of the Florida International University office listed above.

Student Disclosure and Release of Information
I understand that any and all personally identifiable information concerning my financial and academic records is protected under FERPA. I further understand that I may waive that protection and give access of my records to individuals of my choice. This release allow(s) the individual(s) named below to access information only from records maintained by the Office of the Bursar, the Office of the Registrar, and the Office of Student Financial Aid.
I agree to waive my rights under FERPA and allow the person(s) named below to receive access to my financial and academic records.

Name (First, Middle Initial, & Last Name) Please Print

Relationship to Student

THIRD PARTY/SPONSOR

I acknowledge this release is valid as long as I am a student at Florida International University. By signing this release, I authorize Florida International University to release any and all of my financial and academic information to the person(s) listed above. I understand that I can revoke this release at any time by notifying Florida International University in writing.

| Student Signature (Required) | Date | Staff Validation of ID (Signature) |