

# Student Records Release Authorization Form

Office of the Registrar  
 671 Winyah Dr., Orlando, FL 32803  
 Ph. 407-303-1785 | Fax 407-303-9755

**Legal Full Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_ **School Year (YYYY-YYYY):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- The Family Educational Rights and Privacy Act of 1974 (FERPA) protects a student's educational record. This form allows students to control who accesses their educational record at AHU. All permissions granted will stay in effect until an updated form is submitted by the student. Refer to next page for more information about FERPA and AHU's privacy policy.
- Directory Information may be released to a third party upon request. Refer to next page for more information.
- Please indicate if you are adding or removing access rights for each individual.
- Please indicate the following in the section below:
  - If you are adding or removing access rights for each individual.
  - Check the area(s) below to give each individual access to specific parts of your AHU educational record.
  - A unique password is required for each individual and must be given by the individual before information is released.
- Please submit an additional form to add more names.
- Forms must be completed in **blue** or **black** ink and may be delivered in person by the student or mailed. **Faxed forms will not be accepted.**
  - Mailed forms must be notarized and signed in the presence of the notary. Please bring government issued ID to notarize the document.

| Action (Add/Remove) | Last Name | First Name | Relationship (e.g. Spouse) | Secret Word/Password | Access  |   |   |
|---------------------|-----------|------------|----------------------------|----------------------|---|---|---|
|                     |           |            |                            |                      | Please check all that apply.  |   |   |
|                     |           |            |                            |                      | <input type="checkbox"/> Academic<br><input type="checkbox"/> Advisor | <input type="checkbox"/> Billing information<br><input type="checkbox"/> Disciplinary | <input type="checkbox"/> Financial Aid<br><input type="checkbox"/> Instructor |
|                     |           |            |                            |                      | <input type="checkbox"/> Academic<br><input type="checkbox"/> Advisor | <input type="checkbox"/> Billing information<br><input type="checkbox"/> Disciplinary | <input type="checkbox"/> Financial Aid<br><input type="checkbox"/> Instructor |
|                     |           |            |                            |                      | <input type="checkbox"/> Academic<br><input type="checkbox"/> Advisor | <input type="checkbox"/> Billing information<br><input type="checkbox"/> Disciplinary | <input type="checkbox"/> Financial Aid<br><input type="checkbox"/> Instructor |
|                     |           |            |                            |                      | <input type="checkbox"/> Academic<br><input type="checkbox"/> Advisor | <input type="checkbox"/> Billing information<br><input type="checkbox"/> Disciplinary | <input type="checkbox"/> Financial Aid<br><input type="checkbox"/> Instructor |

| Student Information   | To be completed by Notary (Must be completed ONLY if form will be mailed)   |
|---|---|
| <p>STATE OF _____ COUNTY OF _____</p> <p>Signature of applicant: _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____</p> <p>Notary Public-State of _____ Affix Seal:</p> <p>Signature _____</p> <p>Print _____</p> <p>Personally Known _____ OR Produced Identification _____ Type of Identification Produced: _____</p> | <p>STATE OF _____ COUNTY OF _____</p> <p>Signature of applicant: _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____</p> <p>Notary Public-State of _____ Affix Seal:</p> <p>Signature _____</p> <p>Print _____</p> <p>Personally Known _____ OR Produced Identification _____ Type of Identification Produced: _____</p> |
| <p>_____</p> <p><b>Student Signature</b> <span style="float:right"><b>Date</b></span></p> <p>_____</p> <p><b>Printed Name</b> <span style="float:right"><b>Date</b></span></p> <p>_____</p> <p><b>Registrar Authorized Signature</b> <span style="float:right"><b>Date</b></span></p>   |   |

## WHAT IS FERPA?

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*FERPA*, or the Buckley Amendment, prohibits access to, or release of, educational records or personally identifiable information contained in such records (other than **directory information**) without the written consent of the student.

### WHAT IS DIRECTORY INFORMATION?

Directory Information may be released to a third party upon request. Such information includes the following:

- **Name**
- **Address**
- **Dates of Attendance**
- **Degrees and Awards Received**
- **E-mail**
- **Enrollment Status**
- **Institutions previously attended**
- **Major Field of study**
- **Photograph**
- **Year in school (freshman, etc.)**

Students have the right to submit a request in writing to the Office of the Registrar to block the release of their directory information.

### DO I HAVE TO SIGN THIS FORM?

Students are not obligated to complete this form. However, it is recommended that this form is submitted once per academic year to the Office of the Registrar to maintain accurate and updated information.

### CAN I CHANGE MY MIND?

Students have the opportunity to submit new forms at any time of the academic year.

### WHAT INFORMATION WILL BE RELEASED TO THE NAMES I PROVIDE?

The individual(s) will have access to the following area(s):

- **Academic**—All information associated with the student's academic record (e.g. schedule, grades, degree audit, graduation status).
- **Advisor**—Speak/Communicate with Advisor/Academic Coach regarding all aspects of academic advising.
- **Billing Information**—All information associated with the student's ledger at AHU.
- **Disciplinary**—All information associated with the formal disciplinary decisions made by the University Disciplinary Committee.
- **Financial Aid**—All details associated with the packaging of the Financial Award (e.g. income, awards).
- **Instructor**—Speak/Communicate with course instructor regarding all aspects of student communication and performance in the course.

### FERPA FOR PARENTS

When a student reaches the age of 18 or begins attending a postsecondary institution regardless of age, *FERPA* rights transfer to the student. However, *FERPA* provides ways in which a school **may** disclose information from a student's education records.

- Students may give permission for a third party to access his or her records by filling out the *Student Records Release Authorization Form*.
- Parents may obtain directory information only at the discretion of the University.
- The University may disclose non-directory information without consent under the following conditions:
  - The student is claimed as a dependent for tax purposes (tax documentation is required to prove dependence).
  - A health or safety emergency which involves their son or daughter.
  - The student is under the age of 21 and has violated any law or policy concerning the use or possession of alcohol or a controlled substance.

### IF I AM DEPENDENT ON MY PARENT/GUARDIAN, DO THEY HAVE ACCESS TO MY RECORDS?

AHU may disclose, but is not required to disclose, a student's records to the taxpayer who is entitled to claim, and has claimed, the student as a dependent, as defined in Section 152 of the Internal Revenue Code. The student must contact the Financial Aid/Business Office for more information.