

The Family Educational Rights and Privacy Act (FERPA) STUDENT REQUEST TO SHARE INFORMATION

Student Name: _____ ERAU ID (preferred) or SSN: _____

Please check one: New FERPA _____ OR Replace Previous FERPA _____

The Family Educational Rights and Privacy Act of 1974(FERPA) as amended protects the privacy of my student educational records and limits access to the information contained in those records. I understand that I may request to review my educational records and add additional information or ask to have information corrected, if appropriate. I further understand that MEDICAL, COUNSELING AND DISABILITY related records are not included under this release and may be restricted by other state and federal privacy laws.

Requests for copies of any documents, for example, transcripts and accounting information must be made by the student or legal power of attorney. If they inquire, I give my permission for the named individual(s) on this form to receive information regarding my academic, financial, flight and disciplinary records. I understand that I may revise or revoke this "Request to Share Information" in writing to the Dean of Students Office at any time while attending ERAU. I also understand that the University may notify the named individual(s) on this form of the changes. I acknowledge that this "Request to Share Information" form remains in effect as long as I am considered a continuing student at Embry-Riddle. I understand that it is my responsibility to communicate and share information with those persons I deem appropriate.

I have read and understand the FERPA explanation and criteria above. I designate the following person(s) to receive information regarding my educational records.

Student Signature: _____ Date: _____

List the name(s) to indicate your consent for Embry-Riddle Aeronautical University to disclose educational information to your parent(s), legal guardian(s) or other designated person(s). *Please specify a Security Word (i.e. mother's maiden name, pet's name, etc.) to be used to verify identity of person contacting ERAU for information pertaining to this student. **(PLEASE PRINT LEGIBLY)**

(1) Name _____ E-mail Address _____

Relationship to Student _____ Phone _____ *Security Word _____

(2) Name _____ E-mail Address _____

Relationship to Student _____ Phone _____ *Security Word _____

(3) Name _____ E-mail Address _____

Relationship to Student _____ Phone _____ *Security Word _____

Return to:
Dean of Students Office, Embry-Riddle Aeronautical University
600 South Clyde Morris Boulevard, Daytona Beach, Florida 32114-3900

This form must be notarized or witnessed by a Dean of Students Office staff member. Please make a copy for your files.

Notary Seal: _____ <OR> Witnessed by: _____

Date: _____