



# FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

## REGISTRAR'S OFFICE

1735 Althea Gibson Way, CASS Bldg., Suite #206  
Tallahassee, FL 32307-3200

Office: (850) 599-3115 Fax: (850) 561-2428 Email: [registrardocs@famu.edu](mailto:registrardocs@famu.edu)

# (FERPA) STUDENT CONSENT FORM

Please print or type all information listed

Student I.D.	Student's Name (Last, First, Middle)		Date of Birth / /	
Address (Street, P.O., Apt. #)	City	State	Zip Code	Phone #'s
				Cell: ( ) -
			Home: ( ) -	

Student's Signature \_\_\_\_\_

Date: / /

Parent/Guardian to whom information may be released:

Name (Last, First, Middle Initial)	Address (Street, P.O., Apt. #)	City	State	Zip Code
Phone #'s	<input type="checkbox"/> The release of information to this individual is unlimited <input type="checkbox"/> The release of information to this individual is limited to			
Home: ( ) - Cell: ( ) -				
Parent/Guardian Signature _____		Date: / /		

Other Parent/Guardian to whom information may be released:

Name (Last, First, Middle Initial)	Address (Street, P.O., Apt. #)	City	State	Zip Code
Phone #'s	<input type="checkbox"/> The release of information to this individual is unlimited <input type="checkbox"/> The release of information to this individual is limited to			
Home: ( ) - Cell: ( ) -				
Parent/Guardian Signature _____		Date: / /		

The Family Educational Rights to Privacy Act 1974 (FERPA) as well as the amendment to this act, requires FAMU to treat non-directory information as confidential information. This information can not be released to anyone other than the student. By FERPA definition, parents, legal guardians and/or spouses are considered third party individuals and are not allowed access to a student's education records without the written consent of the student.

By signing this release, the student gives FAMU permission to discuss with, and or release to the person(s) listed above, any and all non-directory information. The party may request information in writing or in person with picture identification at the Office of the Registrar.

This consent form can also be used to access Student Account or Financial Aid information. Please write or visit the Student Accounts Office or Financial Aid to obtain information. For information regarding student accounts, you can contact the Office of Student Financial Services at 850-561-2949 or the Financial Aid Office at 850-599-3730.

Unless specified below, this permission includes all areas deemed necessary by the University during enrollment. I understand this consent form will be in effect my entire educational career as a student at FAMU. If I wish to revoke this consent, I must complete the revocation portion of this form.

Even with this consent form, we can not discuss this information over the telephone. Information can not be requested via the Internet or by any means other than in person with picture identification or by letter with the signature of the above parent/guardian. For any additional information, please contact Registrar's Office at 850-599-3115.

**The student may revoke this consent at any time; however, each Parent/Guardian listed above will be notified of the revocation by the Office of the Registrar.**

**STOP!! STOP!! (Please fill out the form below ONLY if you are revoking the parental/guardian rights) STOP!! STOP!!**

**I hereby REVOKE the right of the parent(s)/guardian(s) listed above to receive any information concerning my academic record, and I am aware that they will be notified of the revocation of this right.**

Student's Signature \_\_\_\_\_

Date: / /

Student I.D. \_\_\_\_\_

Florida A&M University  
Office of the Registrar  
1735 Wahnish Way, CASS Bldg., Suite #206  
Tallahassee, FL 32307-3200

FOR OFFICE USE ONLY

\_\_\_\_\_  
Date Parent/Guardian Notified

\_\_\_\_\_  
Initials