

UNIVERSITY OF SOUTH FLORIDA
STUDENT RELEASE AUTHORIZATION

The Family Educational Rights and Privacy Act of 1974, popularly known as FERPA, requires that the University of South Florida maintain confidentiality of student records. Accordingly, it is necessary for us to request that you sign and return this form to authorize the release of your records.

I authorize USF to release _____
(Print student's full legal name.)

USF ID# _____ my:

Check appropriate category:

Transcripts _____

Records _____

Other records as designated: _____

Medical Records _____

Psychological/Psychiatric Records _____

Other _____

I hereby authorize USF to discuss or reference any information contained in my confidential student records to/with _____.

Date: _____ Expiration Date: _____

Student's Signature: _____

Return this form to:

Office of the General Counsel
University of South Florida
4202 East Fowler Avenue, CGS 301
Tampa, Florida 33620-4301

Phone: (813) 974-2131

Facsimile: (813) 974-5236