



Office of the General Counsel

University of South Florida
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**STUDENT RELEASE
AUTHORIZATION**

The Family Educational Rights and Privacy Act of 1974, commonly known as [FERPA](#), requires that the USF System 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.

This release authorizes the University to release or discuss records with a third party without violation of FERPA or [§1002.225, Florida Statute](#). However, the release does not mandate that the University release or discuss records and the University procedures require students to review their academic records at the University (see Student Records Regulation [USF2.00221](#)).

Print: Student's Full Legal Name

USF ID

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:

STUDENT'S SIGNATURE: _____

Date: _____

Expiration Date: _____