



FLORIDA STATE UNIVERSITY

Permission to Release Non-Directory Information to Third Parties

Revised 3/7/2014

I, _____, understand that, in accordance with The Family Educational Rights and Privacy Act of 1974, the University will not release non-directory information to third parties, except those listed below, without my written consent. I hereby request, give my permission and direct the faculty and instructional/academic support staff of _____ to discuss with and release the specified portions of my academic records, to the following individuals, prospective employers and/or academic committees:

Individual/Employer/Committee Reason for Information Release

Individual/Employer/Committee Reason for Information Release

Individual/Employer/Committee Reason for Information Release

Any prospective employers and/or academic committees that contact the college/department.

The following is the information the College/Department may release:

Attendance Record.

Grades/performance earned in the following class(es) while attending Florida State University.

Course Prefix and Number Course Prefix and Number Course Prefix and Number

OR

ALL grades/performance earned while attending Florida State University.

By checking this box I waive the right to inspect any letters of recommendation.

Last Name First Name Middle Initial FSUID

Student's Signature Date Expected Date of Graduation