The Family Educational Rights and Privacy Act of 1974 (FERPA), requires Florida Gulf Coast University (FGCU) to treat non-directory information as confidential education records. Information from such records cannot be released to anyone other than the student. By FERPA definition, under most conditions, parents, legal guardians, spouses and attorneys are considered third party individuals and are not allowed access to any educational records without the written consent of the student.

I, the student, understand that by signing this form, I grant FGCU permission to discuss and/or release information pertaining the documents and/or records I have designated below. I understand that this waiver pertains to all information related to the Student Conduct, Care, and Case Management processes, including incidents addressed by the Dean of Students’ Office, the Student Affairs Case Manager, and the Office of Housing and Residence Life. This waiver is limited to records pertaining to the disciplinary, care, and case management process and does not extend to other records held by the university. I understand that FGCU may redact information as necessary to ensure that the disclosure does not violate the FERPA rights of another student.

I understand that this consent form will be in effect for one year and that I may revoke the waiver in writing at any time by submitting another form to the Office of Student Conduct indicating my intent to revoke previous authorization(s). Upon expiration, a new form will have to be filled out to continue authorization.

NAME: ___________________________ Communication Method: Any □ E-Mail □ In Writing □ Telephone □ In-Person □

NAME: ___________________________ Communication Method: Any □ E-Mail □ In Writing □ Telephone □ In-Person □

**Limitation of Information to be Released (please check one)**

_____ Release All information relating to my Disciplinary and Student Care Services records. (May include, but is not limited to, disciplinary records, staff notes, care & concern reports, admissions clearance documents, etc.)

_____ Release All information relating to my disciplinary record only.

_____ Release ONLY information pertaining to case number ________________________.

_____ Release ONLY information on cases in which the adjudicative process is complete.

_____ Release ONLY information confirming whether or not disciplinary records exist.

_____ Release ONLY the documents or information I designate (please list on back or on a separate piece of paper).

_____ Revoke my third party authorization for the person(s) listed above.

_____ Revoke ALL third party authorizations.

_________________________________ _______________________
Student Signature Date

Attestation

Office of Student Conduct • Cohen Center 288
10501 FGCU Boulevard South • Fort Myers, Florida 33965-6565
(239) 590-7900 • fgcu.edu/studentservices/StudentConduct/