



## FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) FORM

**FERPA** is a Federal law that protects the privacy of student education records, both financial and academic. If a student is 18 years or older or attending a postsecondary educational institution, the privacy rights are the students' such that any release of student record information must be done with the student's explicit written/electronic consent except in limited circumstances. Florida Statutes [1006.52](#), [1002.225](#) and FIU Policy 108 – Access to Student Education Records also protect this information.

Students may authorize their parent, legal guardian, or other third party, partial or full access to the student's financial or educational records.

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| Date:<br>/2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Student's Full Name: | Panther ID#:                                                 |
| <b>Step 1: Select FULL or LIMITED ACCESS. If LIMITED ACCESS is chosen, indicate specific information or records to be granted. Skip to Step 2 if you are requesting to remove an individual's or agency's access to your records. Note: Neither full or limited access provide authority to make changes to the student's education record.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                              |
| <div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p><input type="checkbox"/> <b>Consent for FULL ACCESS to Educational Records:</b><br/>Educational Records may include:</p><ul style="list-style-type: none"><li>• All courses/ credits/ grades</li><li>• All class schedules</li><li>• Test scores</li><li>• Graduation Information</li><li>• Disciplinary action</li><li>• Immigration information</li><li>• Financial information</li><li>• Health information</li><li>• Transcripts</li><li>• Disability records</li></ul></div><div style="width: 48%;"><p><input type="checkbox"/> <b>Consent for LIMITED ACCESS to Educational Records:</b><br/>Indicate specific information or records to be granted.</p><p style="color: red; text-decoration: underline;">Capstone Project</p><hr/><hr/></div></div>                                                                                                                                                                                                                                                                                                                               |                      |                                                              |
| <b>Step 2: Select duration of access.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                              |
| <p><input type="checkbox"/> One Time Use: This authorization can be used only once.</p> <p><input type="checkbox"/> Limited Use: This authorization is <b>effective</b> _____ and <b>expires</b> on _____.</p> <p><input type="checkbox"/> Long Term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing or <b>for a maximum of one year</b>.</p> <p><input type="checkbox"/> Request to remove consent.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                              |
| <b>Step 3: Indicate purpose for the authorization for release of information.</b><br>Participation in the Spring 2026 Senior Design Showcase and to release my photographs, videos as well as my project information indefinitely.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                              |
| <b>Step 4: Indicate name and address of Individual or Agency to whom access to records may be provided.</b><br>Name: FIU. Relationship: N/A. Agency Name & Contact: FIU College of Engineering & Computing, 305.348.2522                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                              |
| <b>Step 5: Provide signature.</b><br>I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I also authorize the release of my medical records which may be classified as protected health information and covered by stated and federal law, including HIPAA. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing an updated notice of such revocation to FIU, Office of the Registrar. <b>This authorization is valid for one year from the date I sign this release (unless noted differently above) with appropriate identification.</b> The person and/or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release. I will not be contacted after any inquiry is made or information is released to the individual(s) or agencies listed on this form. |                      |                                                              |
| Student's Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | Date _____/2026                                              |
| <b>For Internal Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                              |
| OneStop Staff Validation _____<br>Print Name and Provide Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | <input type="checkbox"/> <b>Valid Photo ID was presented</b> |

**SUBMISSION INSTRUCTIONS**

Submit form to a OneStop Enrollment Coordinator in:  
MMC, SASC Building, 1<sup>st</sup> Floor; Phone: 305-348-7000  
BBC, AC1 100; Phone: 305-348-7000