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CONSENT FOR RELEASE OF PERSONAL INFORMATION/ACADEMIC RECORDS

I, the undersigned, understand that my consent is required, by the Family Education Rights and Privacy Act of 1974, as amended ("FERPA"), for St. Thomas University School of Law to release any personally identifiable information from my academic records not defined as "Public Information" under the University's FERPA policy.

Student Information:

Name: _____

Student ID#: _____ **OR** SS# _____

Address: _____ Phone: _____

Third Party granted access to academic records maintained by the College of Law Registrar's Office:

Name: _____

Relation: _____ Daytime Phone: _____

Address: _____

Certification:

I authorize access to my student record information by the above third party. This authorization does not make changes to the student record.

Signature: _____ Date: _____

Please note: To give consent for release of other types of records, please contact the Student Success Center located at Mimi Dooner Hall, 1st. Floor. (305) 474-6900.