



St. Thomas University
College of Law
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CONSENT FOR RELEASE OF PERSONAL INFORMATION/EDUCATION 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 College of Law to release any personally identifiable information from my education 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 Business, please contact the Student Success Center located at the Mimi Dooner Hall, (305) 474-6900.