



STUDENT REQUEST TO SHARE INFORMATION (FERPA)

Student's Name: _____ Date: _____

ERAU ID# or SSN# if not known: _____

Please check: New FERPA _____ OR Replace Previous FERPA Submitted _____

The Family Educational Rights and Privacy Act of 1974(FERPA) as amended protects the privacy of my student educational records and limits access to the information contained in those records. I understand that I may request to review my educational records and add additional information or ask to have information corrected, if appropriate. I further understand that MEDICAL, COUNSELING AND DISABILITY related records are not necessarily included under this release and may be restricted by other state and federal privacy laws. Please initial as having read the above: _____

I agree to the following criteria for the release of my personal educational records: Note, requests for copies of any documents, for example, transcripts and accounting information must be made by the student or legal power of attorney. If they inquire, I give my permission for the named individual(s) on this form to receive information regarding my academic, financial, flight and disciplinary records. If I am identified as having a problem with missing classes, as having disruptive or problematic behavior, etc., the university may contact the named individual(s) below. I understand that I may revise or revoke this "Request to Share Information" in writing to the Dean of Students Office at any time while attending ERAU. I also understand that the University may notify the named individual(s) on this form of the changes. I acknowledge that this "Request to Share Information" form remains in effect as long as I am considered a continuing student at Embry-Riddle. I understand that it is my responsibility to communicate and share information with those persons I deem appropriate.

Student's Signature _____ Date _____

Check the box(es) below and write the appropriate name(s) to indicate your consent for Embry-Riddle Aeronautical University to disclose educational information to your parent(s), legal guardian(s) or other designated person(s). PLEASE PRINT LEGIBLY.

Mother Name _____ E-mail Address _____

Phone _____ *Security ID Word _____

Father Name _____ E-mail Address _____

Phone _____ *Security ID Word _____

Other Name _____ E-mail Address _____
(specify)

Phone _____ *Security ID Word _____

*Please specify a security word (i.e. pet's name, mother's maiden name, etc.) to be used to verify identify of person contacting ERAU for information pertaining to this student.

Return to:
Dean of Students Office, Embry-Riddle Aeronautical University
600 South Clyde Morris Boulevard, Daytona Beach, Florida 32114-3900