

The Office of Disability Services
Dr. Thomas Huber, Coordinator
863.874.8672
4700 Research Way
Lakeland, FL 33805-8531
thuber@FLPoly.org

## **Release of Confidential Information**

Student's Name: \_\_\_\_\_\_DOB: \_\_\_\_\_

Federal law that prot	nal Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a ects the privacy of student education records. FERPA allows schools to ds, without consent, to the following parties or under the following 99.31):
• Sc	hool officials with legitimate educational interest;
• Ot	her schools to which a student is transferring;
• Sp	ecified officials for audit or evaluation purposes;
• Ap	propriate parties in connection with financial aid to a student;
• Or	ganizations conducting certain studies for or on behalf of the school;
• Ac	crediting organizations;
• To	comply with a judicial order or lawfully issued subpoena;
• Ap	propriate officials in cases of health and safety emergencies; and
	ate and local authorities, within a juvenile justice system, pursuant to ecific State law.
For release of information not mentioned above, I authorize Florida Polytechnic University to release information concerning my disability to the individuals listed below. This consent shall remain in effect until my date of graduation from Florida Poly, unless it is withdrawn in writing by me. I understand that if I would like to withdraw or amend this authorization, I must submit a written request. The individuals authorized to receive my information include:	
Student Signature:	Date:
Staff Signature:	Date: