

# Student Record Access Authorization



UNIVERSITY of  
**SOUTH FLORIDA**

Student Success  
Office of the Registrar

This form may only be submitted in person by the student with photo identification at the Office of the Registrar or to [privacy@usf.edu](mailto:privacy@usf.edu) via USF email address.

This form establishes permission for USF to release any of your student record information to designated third parties (parents, spouse, employer, etc.). **Please note:** This permission does not provide third parties with the ability to change, amend, modify, or take action on your record, and USF still retains full authority to determine need to know. Once this form is submitted, it is active until you notify the Office of the Registrar in writing to end permission. Additional forms are required for release of financial aid information and are available at the Office of Financial Aid.

## Student Information

Name \_\_\_\_\_ USFID Number \_\_\_\_\_

## Third Party Identification and Authentication

When the people you designate below call USF, they will be asked to authenticate their identity by providing a password. You should create a different password for each individual and provide it to them. Do not choose passwords that can be easily guessed. If the individual is not able to correctly provide the password; USF will not release any information from your record. If you forget the passwords, USF can only provide them to you, the student, in person or via your USF email address.

### Designated Third Party

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Password \_\_\_\_\_

Hint \_\_\_\_\_

### Designated Third Party

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Password \_\_\_\_\_

Hint \_\_\_\_\_

## Certification

In accordance with The Family Educational Rights and Privacy Act [FERPA] of 1974, USF may only disclose confidential information from the student records to third parties upon written consent from the student. If you submit this form, the following information, including but not limited to, may be disclosed:

Final grades/GPA, demographic, registration, student ID number, academic progress, enrollment information, billing statements, charges, credits and waivers, payments, past due amounts, and collection activity, application data, billing and repayment history (including credit reporting history), communication history, balances, and collection activity.

By signing below, I consent that USF may disclose and discuss any and all confidential information from my education record with the parties listed above. I also affirm that the parties listed above may not seek to change, amend, modify, or take action on my student record.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY:

Recipient's Initials \_\_\_\_\_

Hand Delivered  
& ID Checked

Processed by \_\_\_\_\_

Sent from USF Email

Date Processed \_\_\_\_\_

Office of the Registrar | Tampa campus  
4202 E. Fowler Ave., SVC 1034  
Tampa, FL 33620

St. Petersburg campus  
140 7th Ave. S., BAY 102  
St. Petersburg, FL 33701

Sarasota-Manatee campus  
6350 N. Tamiami Trail, SMC C107  
Sarasota, FL 34243

Submit to:  
[privacy@usf.edu](mailto:privacy@usf.edu)