



Ave Maria University
 Office of Financial Aid
 5050 Ave Maria Blvd
 Ave Maria, FL 34142
 (239) 280-1669

DISCLOSURE OF CONFIDENTIAL INFORMATION

Authorization to Disclose Confidential Information:

In accordance with the federal Family Educational Rights and Privacy Act (FERPA), Ave Maria University (AMU) will not release a student's confidential personal information to a third party without the written consent of the student.

Exceptions Permitted Under FERPA

Ave Maria University accords all the rights under the law to students who are declared **dependent**, (as defined by SECTION 152 of the Internal Revenue Code), and personnel within the institution (on a need to know basis), to officials of other institutions in which students seek to enroll, to persons or organizations providing students' financial aid, to accrediting agencies carrying out their accreditation function, to persons in compliance with a judicial order, and to persons in an emergency in order to protect the health or safety of students or other persons. All these exceptions are permitted under the act.

The purpose of this form is to make clear to whom the student has given consent to receive **confidential personal information by checking the department that may release the information below the signature lines.** The student *must specify* who has permission to receive confidential information.

I, _____ (print student name) hereby give permission to the following persons:

Name (please print)	Relationship
Name (please print)	Relationship
Name (please print)	Relationship

This consent to the Release of Information is to remain valid until I have notified the Coordinator of Student Records in writing of its termination.

Departments to which I authorize the release of information:

- | | |
|--|---|
| <input type="checkbox"/> ALL AMU DEPARTMENTS
<input type="checkbox"/> Admissions
<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Student Financial Services (Bursar, Cashier) | <input type="checkbox"/> Student Life
<input type="checkbox"/> Academic Records
<input type="checkbox"/> Academic Center for Excellence (ACE) |
|--|---|
- Other: _____
- I DO NOT authorize the release of information to: _____

 Student Signature

 Date