



**AUTHORIZATION to Use or Disclose Protected Education Records Information
for Marketing, Fundraising, Publication, or Public Relations**

Student Name		Date of Birth	Verification of Identity (Driver's License, ID Card, Passport, etc.)
Student Address			
Phone #	Phone #	Email Address	UFID Number

By signing this form, I authorize the following:

The PERI that may be used or disclosed is from:		The PERI may be used by or disclosed to:	
<i>Person, class or persons, or organization</i>		<i>Person, class or persons, or organization</i> Health Services Research, Management & Policy	
<i>Address</i>		<i>Address</i> 1225 Center Drive, Room 3101	
		P.O. Box 100195, Gainesville, FL 32610-0195	
<i>Attn:</i>	<i>Phone</i>	<i>Attn:</i>	<i>Phone</i> 352-273-6073

The following education records information may be disclosed: *Check all that apply:*
 Name Grades/GPA Age Year/Graduation status Photograph/Video Hometown Major(s)/course(s) of study
 Enrollment status Previous education institutions Degrees and awards received at UF Publication titles
 Nature and place of employment at UF

This education records information is being used or disclosed for: *Check all that apply:*
 Public Relations Activities Marketing Activities Fundraising/Promotional Activities Educational Purposes Outside of UF

I understand that, by federal law, the University of Florida may not use or disclose protected information from education records without authorization except as provided in the University's Notice of Privacy Practices. By signing this Authorization, I am giving permission for the uses and disclosures of the described protected education records information. I hereby release the University of Florida and its employees from any and all liability that may arise from the release of information as I have directed. I understand that I have the right to revoke this Authorization at any time, if I do so in writing, and address it to the person or institution named above. I understand that the revocation will not apply to any actions already taken as a result of this authorization. I understand that I may refuse to sign this Authorization, and that the institutions or individuals named above cannot deny or refuse to provide educational services or benefits if I refuse to sign.

This authorization expires automatically for further use or disclosures of the above described protected education records information upon revocation	
I have read and understand the information in this authorization form.	
Signature of student:	Date: