



TANEJA COLLEGE OF PHARMACY PRIVACY REQUEST FORM

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that establishes the rights of students with regard to education records and ensures students of the right to privacy and confidentiality with respect to those records. This form is provided as a means for students to not give permission to the University of South Florida College of Pharmacy to publish or disclose items of Directory Information pertaining to them.

Student's Authorization to Refuse Disclosure of Directory Information

In signing this form, I, _____,
ID# _____, do not give permission to the University of South Florida
Taneja College of Pharmacy to disclose items of Directory Information pertaining to me.

Type of Directory Information (please initial all types of Directory Information that you would like to be withheld)

Biographical (Name) _____

Enrollment Records (Major, Dates of Attendance,
Degree(s) Earned, Awards Received, Prior
Educational Institutions) _____

Photographic Image _____

I understand this authorization remains in effect until I have been awarded a degree from the University of South Florida Taneja College of Pharmacy, or until I have not been enrolled at the University of South Florida Taneja College of Pharmacy for three consecutive semesters, or until I provide authorization in writing requesting removal.

I have carefully read the forgoing authorization and fully understand the meaning of this form. I affirm that I have signed this authorization voluntarily.

Signature

Date

RETURN COMPLETED FORM TO: Records and Registration Office in MDC 1117 or fax to (813) 905-9890