

**CONSENT FOR ACCESS TO STUDENT INFORMATION**  
**UFCD OFFICE OF ADMISSIONS AND FINANCIAL AID**

Name of Student (Last, First, Middle Initial): _____	UFID: _____	Date: _____
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The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their student information. For additional information, visit UF's FERPA Information page at <http://www.registrar.ufl.edu/ferpa.html> or the U.S. Department of Education's website at [www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html)

I understand that the granting consent to release non-directory information is not a pre-condition to acceptance into University of Florida College of Dentistry (UFCD) or any of its programs.

**Record(s) to be disclosed:**

I give my permission for the UFCD Office of Admissions faculty or staff to release the following non-directory information to the person(s) listed below:

- Any information on my AADSAS and UFCD secondary applications including but not limited to my grades, courses taken, exam scores, letters of evaluation, personal statement and reported experiences
- Any information from my interview, including that which I disclosed during the interview and the interviewers' evaluations
- My photograph or video taken on my interview day or at a UF/UFCD sponsored event
- The name and amount of each scholarship that I have received
- Other (please specify below)

**Recipient and Purpose of disclosure:**

- To UFCD Summer Research Program for purposes of facilitation of SRP application process
- To UFCD DMD-PhD Program for purposes of student evaluation and facilitation of application process
- To student's parent or guardian for purposes of advisement
- To student's advisor for purposes of advisement
- To UF for purposes of developing promotional materials for the college or university
- To UFCD Office of Development and Alumni Affairs for purposes of identifying scholarship recipient to award donor
- Other (please specify below)

Student's Phone (Optional): \_\_\_\_\_ Student's Email: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_