			□ 6		
A family member(s Name(s)				_Relationship	
				_Relationship	<u> </u>
A medical profession	nal or clin	ician:			
Name(s)					_
FAU Testing and Evaluation					
FAU Housing and Residential Education					
Academic Advising					
FAU High School					
Registrar's Office					
Other					

Please note: Student has the option to revoke the permission to discuss at any time by contacting their SAS Consultant.