



Student Release of Information Form

I, _____

Please print student's full name.

SFSC ID or SSN

understand that in accordance with The Family Educational Rights and Privacy Act (FERPA) of 1974, the College will not release non-directory information without my written consent. I hereby give South Florida State College permission to release non-directory student education information to the parent, guardian, or other authorized person as listed below:

Please print the names of the persons you wish to give permission to.

☐

1 time only release

☐

One year from date of this form.

Student's Signature

Date

Address

City

ST

Zip Code

Notary Stamp and Seal

County _____

Date

State

Printed Name _____

Notary Signature _____

OFFICE USE ONLY

Received by: _____ Date: _____ Identification

Verified, (list type): _____ Records

Released by: _____ Date: