



Student Release of Information Form (FERPA)

I, _____, _____
Please print student's full name. SFSC ID / or last 4 of 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 or guardian listed below:

Please select who you provide permission to request your student progress/information.

➤ SFSC Staff/Personnel

➤ Funding Source (if applicable)
Case Manager's Name: _____

CSH

Veteran

Farm Worker

PYP

VocRehab

Other _____

➤ Other Person(s) (if applicable)

Permission length of time

1 time only release

One year from date of this form

Student Address:

_____ City

_____ State

_____ Zip Code

x _____

Student's Signature

_____ Date

NOTARY USE ONLY

Notary Stamp and Seal

Type of ID and #: _____

Notary Signature _____

County _____

State _____ Date ____/____/____

OFFICE USE ONLY

Received by: _____ Date: _____

Identification Verified, (list type) _____

Records Released by: _____ Date: _____