



# FERPA Authorization To Release Information

<b>Office Use Only:</b>
B: _____
Admit Year: _____
Received by: _____
Received Date: _____
Student ID Verified: _____

In compliance with the federal Family Educational Rights and Privacy Act (FERPA) Eastern Florida State College (EFSC) is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees, financial aid (including scholarships, grants, work-study or loan amounts,) and other educational record information. This restriction applies, but is not limited to, your parents, your spouse, or a sponsor.

You may, at your discretion, grant EFSC permission to release information about your student records to a third party by submitting this completed authorization form.

- Third parties are entities other than the record keeper and the student. You must provide a separate form for each third party to whom you grant access.
- The specified information will be made available only if requested by the authorized third party; EFSC does not automatically send information to a third party.

Submit your completed form to the Campus Admissions and Records Office. You may revoke your authorization at any time by completing the *FERPA Revoke Authorization to Release Information* form. **NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record. *However, it is EFSC policy not to release certain aspects of student records (e.g., registration, grades, GPA) to **any** requestor over the phone or via email.*

*If it is determined that persons other than the student are accessing a student's records in the classroom, the student will be removed from the class and receive a final grade of "F". While students may have provided written consent for a third party to receive information regarding their educational records, that consent does not permit any other person besides the student to complete or access coursework within the classroom or online setting.*

## Student Information

\_\_\_\_\_  
Name (Last, First, Middle Initial) PLEASE PRINT LEGIBLY

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Current address (Street/PO, APT, City, State & Zip)

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_ I am a current student at EFSC and hereby authorize the release of the information specified below for the period of time indicated, unless revoked by me in writing.

## Recipient of Authorized Disclosure (Third Party Designee)

**Note: Designee must present a valid photo ID each time he/she requests student information.**

\_\_\_\_\_  
Name of Person (Last, First, Middle Initial) or Organization (name under which request will be made)

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Relation to student

\_\_\_\_\_  
Email Address

I AUTHORIZE RELEASE OF THE FOLLOWING INFORMATION (check one or more of the boxes below to grant authorization) Note: This release does not allow a third party to register, drop or withdraw the student from a class, or access the student's online course(s).

- Grades/GPA, demographic, registration, academic progress status, admissions and enrollment information
- Request official transcripts to be sent to another institution
- Billing statements, charges, credits, payments, past due amounts, and/or collection activity
- Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress
- All of the educational records listed above
- I give permission to the above recipient to speak to my instructor(s). *Note: instructor may deny the request to speak with anyone other than the student.*

## Certification

Please note that you may specify the date this release is to end, or you may rescind the release at any time. It will otherwise remain in effect until you are no longer an active student at EFSC. If you return to EFSC, you will need to submit a new release form.

**This authorization is to be in effect:** Until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Date: mm/dd/yyyy)

By signing below, I certify that I willingly allow EFSC to release and disclose information from my education records as specified. This authorization remains in effect as specified or until I revoke this authorization by notifying EFSC in writing. This request supersedes previous authorizations for the authorized person or organization. THIS FORM MUST BE PROVIDED IN PERSON BY THE STUDENT.

Student's Signature \_\_\_\_\_

Date: \_\_\_\_\_