



**Release of Student Record Information
Authorization at Student Request**

Student ID Number

Last Name

First

Middle

Mailing Address

City/State/Zip Code

Contact Numbers: _____

Home

Work

Cell

By my signature below, Pensacola State College is hereby authorized and requested to release information pertaining to my student record as indicated below.

Information to be released (indicate the specific items found in your educational record that you wish released:

This information is to be released to (indicate the person to whom or the agency to which you wish the information described above is to be released):

Indicate a date beyond which the information is no longer to be released:

Student Signature _____

Date _____

The information indicated above is determined to be part of a student's educational record and is protected by the federal Family Educational Right to Privacy Act (FERPA). As a result, the information will be released only as authorized by the student.

NOTARIZATION REQUIRED

State of Florida

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____. Personally known _____ or produced identification _____.

Type of ID produced _____.

Signature, Notary Public

Printed, Typed, or Stamped
Commissioned Name of Notary Public