

Release of Student Record Information Authorization at Student Request

Student ID Number	Last Name	Fi	rst	Middle	
Mailing Address	City/State/Zip Code				
Contact Numbers:					
By my signature below, Pensac my student record as indicated	cola State College is hereb I below.	•	equested to rel	· · · ·	
Information to be released (inc	dicate the specific items fo	ound in your educa	ational record th	nat you wish released:	
This information is to be releas described above is to be releas		n to whom or the a	agency to which	you wish the information	
Indicate a date beyond which t	the information is no long	er to be released:			
Student Signature			Date		
The information indicated aborederal Family Educational Right by the student.	•				
NOTARIZATIO State of Florida County of	N REQUIRED OR VER	RIFICATION CO	MPLETED W	ITH PSC STAFF ———	
The foregoing instrument was	acknowledged before me	this	_day of	, 20,	
by				duced identification	
Type of ID produced			- ·		
· ·			, Typed, or Stamped ssioned Name of Notary Public		
Type of ID used to Verify St	FOR tudent:	PSC USE ONLY Date	e:		
Verified by:					
PSC Employee Signature			PSC Employee Name		

Pensacola State College does not discriminate against any person on the basis of race, ethnicity, national origin, color, gender/sex, age, religion, marital status, pregnancy, disability, sexual orientation, gender identity or genetic information in its educational programs, activities or employment. For inquiries regarding Title IX and the college's nondiscrimination policies, contact the Associate Vice President for Institutional Diversity/Title IX Officer at (850) 484-1759, Pensacola State College, 1000 College Blvd., Pensacola, Florida 32504.