

## Release of Student Record Information Authorization at Student Request

Student ID Number Last	t Name	First	Middle
Mailing Address	City/State/Zip Code		
Contact Numbers:			
Home By my signature below, Pensacola State Coll my student record as indicated below.	Work	zed and requested to	Cell o release information pertaining to
Information to be released (indicate the spe	ecific items found in y	our educational reco	rd that you wish released:
This information is to be released to (indicat described above is to be released):	te the person to who	n or the agency to w	hich you wish the information
Indicate a date beyond which the informatio	on is no longer to be r	eleased:	
Student Signature		Date	
The information indicated above is determin federal Family Educational Right to Privacy A by the student.	-		
OVERATION REQUIRI State of Florida County of	ED OR VERIFICAT	ION COMPLETEI	O WITH PSC STAFF ————
The foregoing instrument was acknowledge	d before me this	day of	, 20,
by	Personal	y known or	produced identification
Type of ID produced		·	
Signature, Notary Public		Typed, or Stamped ioned Name of Nota	ry Public
Type of ID used to Verify Student:	FOR PSC USE		
Verified by:			

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.