



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 OR VERIFICATION COMPLETED WITH PSC STAFF

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

FOR PSC USE ONLY

Type of ID used to Verify Student: Date:

Verified by: PSC Employee Signature PSC Employee Name