



Release of Student Record Information Authorization at Student Request

Student ID Number _____

Student Name (Last, First, MI) _____

Address _____ City _____ State _____ Zip _____

Primary Telephone Number _____

Secondary Telephone Number _____

By my signature below, I authorize, Pensacola State College to release information pertaining to my student record as indicated.

Indicate the specific item(s) found in your educational record that you wish to release:

Indicate the person or agency you wish the information described above to be released to:

Indicate a date beyond which the information should no longer 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

County of _____

State of _____

Sworn to and subscribed before me on this _____ day of _____, 20_____.

The affiant is personally known to me or provided _____ as identification.

Notary Public signature _____

Printed, Typed, or Stamped

Commissioned Name of Notary Public (SEAL)

| | |
|--|---------------------------|
| For PSC Use Only | |
| Type of ID used to verify student: _____ | Date: _____ |
| Verified by: _____ | _____ |
| PSC Employee Signature | PSC Employee Printed Name |