

The Family Educational Rights and Privacy Act (FERPA), affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form allowing the release of their education records to specified third parties. This form authorizes Florida State College at Jacksonville to release education records to third parties; it does not obligate Florida State College at Jacksonville to do so. Florida State College at Jacksonville reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the College catalog for Student Records and Privacy or visit the U.S. Department of Education's [website](#).

|   |                     |                       |
|---|---------------------|-----------------------|
| <b>NAME OF STUDENT (LAST, FIRST, MIDDLE INITIAL):</b> | <b>STUDENT ID:*</b> | <b>DATE OF BIRTH:</b> |
|---|---------------------|-----------------------|

\*In compliance with Florida Statute 119.071(5), Florida State College at Jacksonville issues this notification regarding the purpose of the collection and use of Social Security Numbers. Florida State College at Jacksonville will collect your Social Security Number (SSN) for record identification, state and federal reporting. Providing your SSN on this application means that you consent to the use of your number in the manner described. If you choose not to provide your SSN, you will be provided an alternative identification number. All Social Security Numbers are protected by Federal regulations and are not to be released to unauthorized parties. Read more about the [collection of social security numbers](#).

|  |  |                         |
|--|--|-------------------------|
| <b>EDUCATION RECORDS TO BE RELEASED</b> (check all that apply):  |  |                         |
| <input type="checkbox"/>   | <b>ACADEMIC INFORMATION</b> (transcript, credit hours enrolled/earned, grades/GPA, class schedule, academic progress, enrollment status, etc.)                         |                         |
| <input type="checkbox"/>   | <b>FINANCIAL AID INFORMATION</b> (awards, application data, disbursements, eligibility, financial aid academic progress status, etc.)                                  |                         |
| <input type="checkbox"/>   | <b>LOAN INFORMATION</b> (college maintained loan disbursements, billing and repayment history—including credit reporting history, balances, collection activity, etc.) |                         |
| <input type="checkbox"/>   | <b>STUDENT ACCOUNT INFORMATION</b> (billing statements, charges, credits, payments, past due amounts, collection activity, financial hold, etc.)                       |                         |
| <input type="checkbox"/>   | <b>ALL RECORDS LISTED ABOVE</b>  |                         |
| <input type="checkbox"/>   | <b>OTHER</b> (please specify) _____<br>(i.e. probation, suspension, disciplinary actions, delinquent/default loan, etc.)   |                         |
| <b>REASON FOR RELEASE:</b>   |  |                         |
| <b>NAME AND ADDRESS OF PERSON(S) TO WHOM EDUCATION RECORDS MAY BE RELEASED:</b>  |  |                         |
| Name   | Mailing Address  | Relationship to Student |
| Name   | Mailing Address  | Relationship to Student |
| <b>DURATION OF RELEASE</b> (FERPA expires after one year unless otherwise noted below):  |  |                         |
| <input type="checkbox"/>   | <b>ONE-TIME USE:</b> This authorization is only applicable as of the date indicated below  |                         |
| <input type="checkbox"/>   | <b>LIMITED USE:</b> Expire this authorization at the end of term/year indicated: _____   |                         |
| I understand that (1.) I have the right not to consent to the release of my education records, (2.) I have the right to inspect written records released pursuant of this consent, and (3.) I have the right to revoke this consent at any time by delivering a written revocation to the Registrar. |  |                         |
| <b>STUDENT'S SIGNATURE</b> _____   | <b>DATE</b> _____  |                         |

Instructions for completing this form:

1. The form must be fully completed, signed and dated by the student. Records cannot be released if any section of this form is not complete.
2. Completed form and a copy of the student's photo ID should be submitted to any campus/center Advising Center or as a helpdesk ticket at [help.fscj.edu](http://help.fscj.edu)

Florida State College at Jacksonville does not discriminate against any person on the basis of race, disability, color, ethnicity, national origin, religion, gender, age, sex, sexual orientation/expression, marital status, veteran status, pregnancy or genetic information in its programs, activities and employment. For more information, visit the [Equal Access/Equal Opportunity](#) page.