FERPA Consent Form for Disclosure

To: Enrollment Services, Florida Keys Community College

From: _____
Student's First Name Middle Initial Last Name

_____
Student ID#

_____
Permanent Street Address City State Zip Code

Student Signature: _____ **Date:** _____
I consent to the disclosure of any personally identifiable information from my education records to the following. This authorization will remain in effect for the [2011-2012] school year.*

_____
Person to release information to: First Name Middle Initial Last Name

_____ _____
Address

_____ _____
City, State, Zip City, State, Zip

_____ _____
Telephone*

Telephone* *Students cannot be denied any educational services from the [Institution] if they refuse to provide consent.*

I, _____ am rescinding my permission to release information to the above mentioned person.

Student Name_____
Signature Date

Received on : _____ Date Entered: _____