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 individual(s). This authorization will remain in effect for the [2014-2015] school year that begins on
August 4, 2014 and ends on August 3, 2015.*

____________________________________________________________________
First Name: ____________________________________________
Middle Initial: ____________________________________________
Last Name: ____________________________________________

Address: _______________________________________________________

City: ____________________________________________
State: ____________________________________________
Zip Code: ____________________________________________

Telephone * Students cannot be denied any educational services from FKCC if they refuse to provide consent.

Students: If you want to prohibit a previously-authorized individual from receiving information from
FKCC, please complete the name and contact information above and sign the below box.

I, ____________________________________________ am rescinding permission to release
information to the above-mentioned individual.

Received on: _________________ Date entered: _________________

Revised 2/7/14  CA