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 [2015-2016] school year that begins on August 4, 2015 and ends on August 8, 2016.*

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 11/21/14   CA