



FERPA RELEASE OF STUDENT INFORMATION FORM

(This original must be returned to the Office of the Registrar)

MAIL TO: Office of the Registrar, 74 King Street, St Augustine, FL 32084

HAND DELIVER TO: 2nd Floor, 6 Valencia Street, St Augustine, FL 32084

THIS FORM MUST BE SIGNED BY THE STUDENT ONLY IN THE PRESENCE OF AN OFFICE OF THE REGISTRAR STAFF MEMBER

I, _____, request that Flagler College representatives communicate
Print Name
all requested information regarding my academic, financial, social, and disciplinary status to the individual(s) listed below. I understand that, in accordance with the Family Educational Rights and Privacy Act (FERPA), no ***grade or grade point average (GPA) information will be released by telephone.***

| | | |
|-------|----------|-----------------------|
| _____ | _____ | _____ |
| Name | Relation | Email (if applicable) |
| _____ | _____ | _____ |
| Name | Relation | Email (if applicable) |
| _____ | _____ | _____ |
| Name | Relation | Email (if applicable) |
| _____ | _____ | _____ |
| Name | Relation | Email (if applicable) |

I also understand that this request remains in effect until I rescind it in writing.

Student Signature

Date

Student Identification Number

Anticipated Graduation Date

| | |
|----------------------------------------------------------------------------------------------------------------------------------|---------------|
| STUDENT SIGNATURE MUST BE NOTARIZED IF FORM IS NOT BEING SIGNED IN FRONT OF FLAGLER COLLEGE OFFICE OF THE REGISTRAR STAFF MEMBER | |
| Date: _____ | |
| STATE OF _____ | |
| COUNTY OF _____ | |
| Sworn to and subscribed before me this | |
| By _____ | |
| Type of Identification Provided: _____ | |
| _____ Notary | _____ Seal |

DO NOT WRITE BELOW THIS LINE----FOR OFFICE USE ONLY

Original: Office of the Registrar – Permanent File

Copy: Academic Advisor(s) _____
Student