



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, 50 Sevilla 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