



FLAGLER COLLEGE

FERPA Release of Student Information

Return to the Office of the Registrar

IN PERSON: 20 Valencia, First Floor

MAIL TO: 74 King Street, St. Augustine, FL 32084

I, _____, request that Flagler College representatives
(print name)
communicate 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 ID

STUDENT SIGNATURE MUST BE NOTARIZED IF FORM IS NOT BEING SIGNED IN FRONT OF A 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

FOR OFFICE USE ONLY

Original: Office of the Registrar - Permanent File
Copy: Academic Advisor(s): _____
Student