

Student Consent to Release Educational Records



PLEASE PRINT ALL INFORMATION

In accordance with Valencia Community College policies and procedures, as well as state and federal law (FS 228.093, 20 U.S.C.A. 1232g),

I, _____, freely and voluntarily consent to the release of information from my educational record. In giving permission to Valencia Community College to make such disclosure(s), I also state as follows:

1.

NAME OF PARTY TO WHOM DISCLOSURES MAY BE MADE

NAME OF PARTY OR PARTIES TO WHOM DISCLOSURES MAY BE MADE

ADDRESS OF PARTY

ADDRESS OF PARTY

CITY STATE ZIP PHONE

CITY STATE ZIP PHONE

NAME OF PARTY TO WHOM DISCLOSURES MAY BE MADE

NAME OF PARTY TO WHOM DISCLOSURES MAY BE MADE

ADDRESS OF PARTY

ADDRESS OF PARTY

CITY STATE ZIP PHONE

CITY STATE ZIP PHONE

2. Is the party or parties a parent or legal guardian? Yes No Who? _____

3. Purpose of Disclosure: _____

4. Education Record(s) Which May Be Disclosed:

All Education Records

Other (please specify) _____

5. Period of Time During Which Consent Shall Be Valid

From: _____ To: _____

If no date is indicated, the consent will expire when the student ceases to be a student at Valencia Community College, the most recent statement pertaining to release of information will apply.

STUDENT INFORMATION

STUDENT'S IDENTIFICATION NUMBER (SOCIAL SECURITY NUMBER) _____

STUDENT'S MAILING ADDRESS _____

CITY STATE ZIP STUDENT'S PHONE _____

STUDENT'S SIGNATURE _____

DATE _____