



**COLLEGE of
CENTRAL
FLORIDA**
-an equal opportunity college-

**STUDENT AUTHORIZATION
FOR ACCESS TO
EDUCATIONAL RECORDS**

I, _____, CF ID No. _____,
Student Name
hereby authorize the College of Central Florida to release to _____,
who is my _____, the following information from my educational record:
Specify relationship to student

- | | |
|--|---|
| <input type="checkbox"/> GPA | <input type="checkbox"/> Grades, specify semester(s): _____ |
| <input type="checkbox"/> Transcripts/test scores | <input type="checkbox"/> Transcripts from other schools |
| <input type="checkbox"/> Petitions | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Application | <input type="checkbox"/> Withdrawal forms |
| <input type="checkbox"/> Correspondence | <input type="checkbox"/> Disciplinary records |
| <input type="checkbox"/> Financial aid records | <input type="checkbox"/> Other _____ |

Choose one:

- This is a one-time authorization for release of the specified records.
- I authorize the release of the specified records to the individual named above at any time he/she requests them while I am actively enrolled at the College of Central Florida unless I rescind this consent order in writing.

Student Signature (blue/black pen only)

Date: MM/DD/YY

Witness Signature * (blue/black pen only)

Date: MM/DD/YY

Notary Public Seal
(If required*)

***Witness must be CF employee or Notary Public.**

If mailing this completed form, please make a copy for your personal records and return original to:

College of Central Florida
Office of Admissions and Records
3001 S.W. College Road, Ocala, FL 34474-4415.