



**FERPA RELEASE FORM
Student Authorization
For Access to Educational Records**

I, _____, CF ID No. _____,
Student Name

hereby authorize the College of Central Florida to release to _____,
Name of Authorized Person

who is my _____, with email address _____,
Specify relationship to student Personal Email Address

and/or phone number _____, the following information from my educational record:
Personal Phone Number

- | | |
|--|---|
| <input type="checkbox"/> All records | <input type="checkbox"/> GPA |
| <input type="checkbox"/> Application | <input type="checkbox"/> Grades, specify semester: _____ |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Petitions, may include medical records |
| <input type="checkbox"/> CF transcript | <input type="checkbox"/> Student Accounts |
| <input type="checkbox"/> Disciplinary records | <input type="checkbox"/> Transcript(s) from other school(s), specify school(s): |
| <input type="checkbox"/> Financial aid | <input type="checkbox"/> Withdrawal forms |
| <input type="checkbox"/> Others, specify _____ | |

**Please provide a password/passcode and share it with the person you are
authorizing access to your student record:** _____

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 High School Counselor for Dual Enrollment Program students.
*Homeschool students' witness must be a notary public.**

If mailing this completed form, please make a copy for your personal records and return original to:
College of Central Florida, Enrollment Services Dept., Bldg. 5, 3001 S.W. College Road, Ocala, FL 34474-4415

Processed by _____ Date _____