



# FERPA RELEASE OF STUDENT INFORMATION FORM

(This original must be returned to the Flagler Tallahassee Main Office)

MAIL TO: Flagler College, 444 Appleyard Drive, Tallahassee, FL 32304

HAND DELIVER TO: Flagler Main Office, University Center Bldg. 19

**THIS FORM MUST BE SIGNED BY THE STUDENT ONLY IN THE PRESENCE OF A FLAGLER TALLAHASSEE 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 TALLAHASSEE 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: Flagler Tallahassee – Permanent File

Copy: Academic Advisor(s) \_\_\_\_\_  
Student