



## Florida Community College at Jacksonville FERPA Release Form

### To be completed by Student:

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Last Name	First Name	Middle Initial	Social Security No.
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Street Address

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City	State	Zip Code	Day Phone No.
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In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned, hereby release the following educational records to the Florida Community College at Jacksonville for the purpose of donor reporting:

1. Financial Aid award information
2. Transcripts
3. Enrollment Status

I understand further that (1) I have the right not to consent to the release of my education records and I understand that my refusal to consent may jeopardize my eligibility for this scholarship; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to the Office of Student Aid and Scholarships.

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Signature of Student

Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.