



## SW Florida Public Service Academy Family Rights and Privacy Act of 1974 (FERPA) Release

Student's Full Name: \_\_\_\_\_  
*(Please Print)*

Enrolled in Program: \_\_\_\_\_  
*(Please Print)*

FERPA provides for the confidentiality of student education records. SW Florida Public Service Academy (SWFPSA) may not disclose educational information, nor permit inspection of a student's education records without the written permission of the student, unless such actions are covered by certain exceptions as stipulated in FERPA.

I, \_\_\_\_\_, hereby grant SW Florida Public Service Academy permission to provide copies of written records, permit inspection and review of the contents of my education records, and/or to discuss my academic performance with the following person(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(Please Print)* *(Please Print)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(Please Print)* *(Please Print)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*(Please Print)* *(Please Print)*

This request is made in compliance with the FERPA (20 U.S.C.A. Sec. 1232G).

Please initial all that apply:

\_\_\_\_\_ All academic records, attendance, graduation and registration records pertaining to me at SWFPSA

\_\_\_\_\_ All disciplinary records pertaining to me in my file at SWFPSA

\_\_\_\_\_ All financial aid information in the Financial Aid Office at SWFPSA

\_\_\_\_\_ All financial records in the Business/Accounting Office pertaining to me at SWFPSA

\_\_\_\_\_ Other \_\_\_\_\_

Student must sign this form in the presence of a SW Florida Public Service Academy official. This release remains in effect until you provide written revocation of your consent.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SWFPSA Official Receiving: \_\_\_\_\_ Date: \_\_\_\_\_