



**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: _____