

Office of Registration & Records 149 SE College PL • Lake City, FL 32025 386-754-4280 (phone) • 386-754-4581 (fax) records@fgc.edu

## Authorization to Disclose Information

Except as allowed under the Family Educational Rights and Privacy Act, Florida Gateway College (FGC) must have written consent from a student on file in Enrollment Services in order to release information from academic records to another party. In accordance with 34 C.F.R. Part 99 (99.30), the signed and dated consent must specify the records that may be disclosed, state the purpose of the disclosure, and identify the party or class or parties to whom the disclosure may be made.

In order to ensure compliance with FERPA, the word an approved college witness. Otherwise, it m		,	
 Student Name (Print)		Student ID Number	
hereby authorize disclosure of the educational	records as in	dicated below:	
Specify the records that may be disclosed:			
Purpose of disclosure:			
Disclosure is authorized to the following party o	r class of pa	rties:	
 Name		Relationship or class of parties	
Name		Relationship or class of parties	
Student's Signature		Date	
Signature of witness (must be an approved college w	itness)	Date	
Printed name of witness			
**************************************	*******	***************	
The foregoing was acknowledged before me this			
20, bypresented identification in the form of			
-			
	Notary Public, State of Florida		

**Notary Seal**