



**Consent and Authorization to Release Student Information**

To: Registrar, Locklin Tech

From:

Student's First Name Middle Initial Last Name

Permanent Street Address City State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), Locklin Tech is permitted to disclose information from your education records to the individual(s) listed below:

Name:

Relationship to me:

Three horizontal lines for Name and Relationship to me.

The specific records covered by this release are:

- checkbox All student records and information.
checkbox Financial records
checkbox Disciplinary records
checkbox Registration and enrollment records
checkbox Grades reports
checkbox Other, please specify: \_\_\_\_\_

I understand that the student records listed above include information which is classified as private and protected under Florida Law and FERPA. I also understand that by signing this consent and authorization form, I am authorizing Locklin Tech to release to the persons named above information which is otherwise private and may not be accessible to them.

This authorization shall remain valid until \_\_\_\_\_ or until I revoke this privilege. (Specify date)

I understand that to revoke this privilege, I must provide a written statement indicating that my consent to the release of information is no longer given to the party(ies) previously granted permissions.

Print Name \_\_\_\_\_ Student ID \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_