



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: _____

The specific records covered by this release are:

- All student records and information.
- Financial records
- Disciplinary records
- Registration and enrollment records
- Grades reports
- 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: _____