

FERPA CONSENT TO RELEASE STUDENT INFORMATION

The Family Education Rights and Privacy Act of 1974 (FERPA) states that a student must authorize in writing the release of his/her educational records. Please complete and sign this form to authorize release of your financial aid records.

Please provide information from the financial aid records of:

Student name – print _____

To: _____

Name(s) of requestor _____

Relationship to the student such as “parent,” “spouse,” “prospective employee,” or “attorney” _____

Password – (the last 4 digits of the requestor’s Social Security number will be used as an identifier when requesting financial aid records)

Note: This consent covers only financial aid records.

Student Declaration:

I understand the information may be released orally or in the form of copies of written records, as preferred by the requestor. I understand that this form remains in effect for the designated academic year or otherwise revoked by me.

Student Name (**print**) _____

Student Signature _____

Palm Beach State College Student ID Number _____

Academic Year _____ Date _____

Notary Signature _____

Form must be notarized if not delivered in person by student.

Send form to appropriate financial aid office:

Belle Glade – 1977 College Drive, MS#43, Belle Glade, FL 33430-3699

Boca Raton – 3000 Saint Lucie Avenue, MS#44, Boca Raton, FL 33431-6490

Lake Worth – 4200 Congress Avenue, MS#13, Lake Worth, FL 33461-4796

Palm Beach Gardens – 3160 PGA Boulevard, MS#45, Palm Beach Gardens, FL 33410

