

Office of Enrollment Services 149 SE College PL • Lake City, FL 32025 386-754-4280 (phone) • 386-754-4581 (fax) Enrollment.Services@fqc.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 w of an approved college witness. Otherwise, it mu	
Student Name (Print)	Student ID Number
I hereby authorize disclosure of the educational r	ecords as indicated below:
Specify the records that may be disclosed:	
Purpose of disclosure:	
Disclosure is authorized to the following party or	r class of parties:
Name	Relationship or class of parties
Name	Relationship or class of parties
Student's Signature	Date
Signature of witness (must be an approved college wi	tness) Date
Printed name of witness	
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The foregoing was acknowledged before me this	
20, bypresented identification in the form of	
	 Votary Public, State of Florida

Notary Seal