



INDIAN RIVER STATE COLLEGE
OFFICE OF STUDENT RECORDS
(772) 462-7460

Office Use Only

Received by: _____

Campus: _____

**Authorization for Release of Educational Records
Student Accessibility Services**

in accordance with Family Educational Rights and Privacy Act (FERPA – 34 CFR Part 99)

Student ID#: _____ **Date of Birth (Month/Day/Year):** _____

Student's Printed Name: Last _____ First _____ Middle _____

Authorization Information: I authorize Indian River State College (IRSC) to release information as indicated below: **Name of Authorized Person or Persons**

Last Name _____ **First Name** _____ **Middle Name** _____

Relationship to Student _____

Last Name _____ **First Name** _____ **Middle Name** _____

Relationship to Student _____

Type of Information Access

- ☐ **Academic:** (including, but not limited to) grades, GPA, test results, enrollment information, course schedule
- ☐ **Financial Aid:** (including, but not limited to) satisfactory academic progress, FAFSA Information, award amounts
- ☐ **Student Account:** (including, but not limited to) account balances, account charges, billing, payments
- ☐ **Accessibility:** (including, but not limited to) documentation, diagnosis, medications, symptoms, treatment

Authorization Certification - In compliance with FERPA regulations, IRSC is prohibited from providing certain educational records to a third party, including the parent or spouse of a student, without the expressed consent of the student. This authorization is for access, and is not intended as permission for the authorized person(s) to conduct transactions on behalf of the student.

To obtain access to educational records for the above-named student, I understand that 1) This form must be submitted with photo ID for both student and authorized person(s), and 2) Each time I make a request for information, I must appear in person with a photo ID, or FAX or email my request accompanied by a copy of a signed photo ID to IRSC Records at (772) 462-4699 or records@irsc.edu.

Authorized Person Signature _____

(Optional) Email Address Authorized for Communication _____

Authorized Person Signature _____

(Optional) Email Address Authorized for Communication _____

I authorize the release of the specified records to the person(s) named above any time a request is made while I am enrolled at IRSC. I understand that this authorization will remain in effect until completion of the **Cancel Request** below.

Student's Signature _____ **Date Authorized** _____

Cancel Request

I request that the above Authorization for Release of Information be cancelled.

Student's Signature _____ **Date Cancelled** _____

FOR OFFICE USE ONLY: Records Specialist _____ **Date Entered** _____