**Please Check the Appropriate Box**

I authorize Florida Southern College to release any and all academic, disciplinary or other education record information to the following, select persons:

□_____
Father's Name (First, Middle, Last) (Phone Number)

□_____
Mother's Name (First, Middle, Last) (Phone Number)

□_____
(First, Middle, Last) (Phone Number)
Guardian/Relative / or other (please specify)

□_____
(First, Middle, Last) (Phone Number)
Guardian/Relative / or other (please specify)

□_____
Spouse's Name (First, Middle, Last) (Phone Number)

☐ **PLEASE CHECK HERE IF THIS REFLECTS A CHANGE IN YOUR PREVIOUS FERPA STATUS**

Print Name

_____

Signature_____

Date _____FSC ID # _____