UNIVERSITY REGISTRAR
FLORIDA POLYTECHNIC UNIVERSITY

University Registrar's Office
(863) 874-8540
registrar@floridapoly.edu
8AM-5PM, M-F IST 2052

Limited Release of Educational Records Request

Form must be completed in pen. All fields are required; incomplete forms will not be processed. Student must sign and present this form to the Registrar's Office with a valid photo ID to verify Authenticity of this release. This limited release will supersede any FERPA blocks the student may have requested for their Educational Records for the individual listed below during the designated period of time.

Visit, https://floridapoly.edu/about/divisions-and-departments/registrar/ferpa/ for more information.

_____ _____
Student's Last Name, First Name Student UID

_____ _____
Email Address Phone Number

Third-Party Designee Information

_____ _____
Last Name, First Name Organization/School/Relation to Student

_____
Address City State Zip

The authorized third-party designee listed above will be asked for the following passphrase to authenticate their identity.

Passphrase: There is a 30 character limit. Foul language, crude references, or inappropriate phrases will not be accepted.

Educational Records information to be released (Be specific):

_____

Purpose of release (Required):

_____

I give permission for _____ to release the specified information to the recipient listed above.
Florida Poly Staff/Instructor Name

Release expires one month after student signature date or on _____ (not to exceed one year).
Month/Day/Year

_____ _____
Student Signature Date

UNIVERSITY REGISTRAR'S OFFICE ONLY

Photo ID Verified By: _____ **Date:** _____

Processed By: _____ **Date:** _____