



INFORMATION RELEASE FORM

To Whom It May Concern

I do hereby authorize the office of Student Support Services, Florida State College at Jacksonville, to receive information from or release information to:

CONTACT PERSON: _____

AGENCY: _____

CITY, STATE, ZIP: _____

The person or agency listed above may release the following information in written and/or verbal form:

_____ HEARING REPORT	_____ VISUAL REPORT
_____ PSYCHOLOGICAL REPORT	_____ MEDICAL REPORT
_____ EDUCATIONAL REPORT	OTHER _____

The undersigned hereby waives his [her] right to confidentially pursuant to Section 413.341, Florida Statutes, to the extent required to permit the above listed contact person and/or agency to release a copy of the undersigned's records, as defined in such statute, and testify thereon to the undersigned's representative for the purpose of this written waiver.

(Name of person to whom records are to be released)

_____	_____	_____	_____
Student Signature	Printed Name	SSN (last four)	DOB

Witness

Date