

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/registrar/ferpa.php 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	ne following passphrase to authenticate their identity.
Passphrase: There is a 30 character limit. Foul language, crude refe	erences, 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 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: