

**FLORIDA DEPARTMENT OF CORRECTIONS  
 CONSENT AND AUTHORIZATION FOR USE AND DISCLOSURE INSPECTION AND RELEASE  
 OF CONFIDENTIAL EDUCATION INFORMATION**

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Typed/Printed Name (Name, organization or general designation of program making disclosure)

to disclose to: \_\_\_\_\_  
(Name of person(s) or organization(s) and address to which disclosure is to be made)

Purpose of disclosure authorized herein:  
 \_\_\_\_\_

The undersigned hereby authorizes the inspection and release of copies of my education records indicated below by the above named education record custodian only to the above named entity(ies) or persons or their agents. Indicate all of the records authorized to be inspected/released by **initialing** in the appropriate box below:

INITIAL BELOW FOR RELEASE OF INFORMATION	
	A. All records which relate to education and training;
	B. Special Education records and Individual Educations Plan (IEP);
	C. School assignment records;
	D. Transcripts/participation records;
	E. Testing records; and
	F. Program/course completions.

I understand that I may refuse to sign this authorization and my refusal to sign will not affect my access to education. I also understand that once my protected education information is disclosed pursuant to this authorization, it may be used and/or redisclosed by the recipient unless the recipient is covered by law which prohibits or limits its use and/or disclosure.

I understand that I may revoke this consent and authorization at any time, provided the revocation is in writing, except to the extent that action has been taken in reliance on it, and that in any event, this consent and authorization shall be effective for 90 days unless I specify a different expiration as follows:

\_\_\_\_\_  
(Specification of the date, event, or condition upon which this consent expires if less than six months or greater than 90 days)

In furtherance of this authorization, I do hereby waive all provisions on law and privileges relating to the disclosures hereby authorized. I acknowledge the extent of my authorization of release as to records and information denoted in paragraphs A, B, C, D, E and F by initialing the appropriate box(es) above.

\_\_\_\_\_  
 SIGNATURE OF STUDENT

\_\_\_\_\_  
 DATE

**COMPLETE NOTARY PORTION ONLY WHEN REQUEST IS NOT FROM A CURRENT INMATE/OFFENDER PERSONALLY  
KNOW TO WITNESS OR IS FROM SOURCE EXTERNAL TO DEPARTMENT**

STATE OF \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_

Who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

Print, type, or stamp commissioned name of Notary Public

My commission Expires:

SEAL