



## Student Records Release Authorization

6305 State Road 70 East, Bradenton, FL 34203

p: 941.751.7900

f: 941.405.1365

EMPLID:

SRRA

Date:

Transcript:

Verification Letter:

Attendance:

Fianancial Aid:

Grades:

Clock Hours Completed:

Other:

This release is valid from the date signed to (mm/dd/yy):

Records of (full name while in school): (First, Last, Middle, Maiden):

Date of Birth:

Student ID Number:

Daytime Phone:

Requested Information to (Person):

Address:

Parent:

Spouse:

Other: SDMC

### PLEASE READ CAREFULLY:

I hereby grant Manatee Technical College, their legal representatives and assigns, the right and permission to disclose the above noted information to the agency/individual listed above. I understand that this form authorizes Manatee Technical College to disclose personally identifiable information from my educational record to a third party and I release Manatee Technical College, its employees, officers and trustees, from any liability for acting in accordance herewith

Signature :

Date:

Identification Provided ((Official Picture ID, Drivers License, State Issued Photo ID, or Passport)):

Witness Witness must be a School District of Manatee County employee:

### OR NOTARY

County of:

State of:

The foregoing instrument was acknowledged before me this                      day                      of                      , 2                      by

who is personally known to me OR has provided OR has provided                      as identification.

(SEAL)

Name:

NOTARY PUBLIC STATE OF

AT LARGE COMMISSION EXPIRES:

Rights to and Access Procedures: Florida State Statute 1002.22 - Compliance with a written request to receive a Student'(s) Educational Record shall be done as quickly as administratively feasible/reasonable or within Thirty (30) Calendar days.