

AUTHORIZATION TO RELEASE INFORMATION TO THIRD PARTY

In accordance with Valencia Community College policies and procedures, as well as state and federal law (FS 228.093, 20 U.S.C.A. 1232g), I, _____, freely and voluntarily consent to the release of information from my educational record. In giving permission to Valencia Community College to make such disclosure(s):

Period of Time During Which Consent Shall Be Valid

From: _____ To: _____

Purpose/Type of Disclosure:

- Pick up my SEVIS I-20
- Assist in processing my Admission Application Packet
- Provide my Test Results
- _____

STUDENT INFORMATION :

DISCLOSURE AUTHORIZATION IS GIVEN TO :

STUDENT'S NAME

NAME OF AUTHORIZED INDIVIDUAL

STUDENT'S IDENTIFICATION NUMBER

RELATIONSHIP TO STUDENT

STUDENT'S MAILING ADDRESS

AUTHORIZED INDIVIDUAL'S MAILING ADDRESS

CITY/STATE/ZIP

AUTHORIZED INDIVIDUAL'S CITY/STATE/ZIP

STUDENT'S PHONE

AUTHORIZED INDIVIDUAL'S TELEPHONE

E-MAIL

AUTHORIZED INDIVIDUAL'S E-MAIL

STUDENT'S SIGNATURE

DATE

If no date is indicated, the consent will expire when the student ceases to be a student at Valencia Community College, the most recent statement pertaining to release of information will apply.

Signature for Pick Up of SEVIS I-20 and Associated Documentation

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

COPY OF IDENTIFICATION ATTACHED

VALENCIA COMMUNITY COLLEGE ~ International Student Services
East Campus Fax: 407-582-8909 West Campus Fax: 407- 582-1866