



Family Educational Rights and Privacy Act (FERPA)

What is FERPA?

The Family Education Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student educational records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Student Accessibility Services Authorization for Release of Information

Records maintained in Student Accessibility Services (SAS) are covered by the Family Educational Rights and Privacy Act (FERPA) and will be made available to you within **10 business days** of a written request. Please provide SAS with the following information:
(Please note that inaccurate or illegible information could hinder processing your request in a timely manner.)

Student Information

Full Name (while attending TSC): _____ Student ID#: _____
Permanent Address (while attending TSC): _____ City: _____
State: _____ Zip: _____
TSC Email Address: _____ @mymail.tsc.fl.edu
TSC Start Term – TSC End Term: Start: _____ End: _____

Current Contact Information

Name: _____ Contact Phone Number: _____
Contact Email Address: _____ Fax: _____
Mailing Address: _____ City: _____ State: _____
Zip: _____

I, _____ hereby request a copy of my accommodations record located in Student Accessibility Services.

SAS Application

Copies of submitted IEPs or 504 plans from other institutions

Copies of Medical or Psychiatric Records

Accommodation Letters

I would like to receive the requested record to be sent in the following way:

I will be picking up the requested documents in person at SAS at the main campus (Not available while remote)

Emailed to contact email address

Faxed to contact fax number

Sent to third party (continue to form on page 2)

Student Signature: _____ Date: _____

Student Accessibility Services Authorization for Release of Information to a Third Party

Please note that Student Accessibility Services (SAS) will only process requests for release of information to a third party if this form is filled out completely. SAS will not process requests with incomplete information, nor will SAS be responsible for ensuring the accuracy of provided information.

I, _____ hereby authorize Student Accessibility Services to release a copy of my accommodations record to _____ according to the selected method and contact information provided below.

Person, Organization or Institution: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____

Zip: _____

Fax Number: _____ Fax Recipient: _____

I request that my record be sent in the following way:

Emailed to the email address listed above

Faxed to the fax number listed above

Student Signature: _____ Date: _____