



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: \_\_\_\_\_



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**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: \_\_\_\_\_