



Third Party Authorization For Release of Information

Please Print

Student's Name _____
First Middle Last

Chipola ID/Jenzabar Number: _____

I am a student at Chipola College and enrolled with the Office of Students with Disabilities. I hereby authorize the Office of Students with Disabilities permission to release and/or discuss information from my educational record to the individual(s) specified below.

Choose one:

- ☐ This is a one-time authorization for release of information.
- ☐ This authorization is for the limited time of the current term only.
- ☐ I understand that this authorization form will be in effect for my educational career at Chipola College as long as I have a current approved accommodation plan in place with the Office of Students with Disabilities or I request in writing that this release be rescinded.

Third Party Information

Name

Relationship to Student

Name

Relationship to Student

This form must be signed in person or be notarized and returned with a copy of the student's photo ID. It can also be returned from your college email account to the Office of Students with Disabilities.

Student Signature: _____ **Date:** _____

Student Disabilities Resource Office Signature: _____ **Date:** _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by

_____.

Signature of Notary Public

(Notary Public Seal)

Personally known: _____ Produced Identification: _____ Type of Identification Produced: _____

FOR OFFICE USE ONLY		
Date Authorization Received:	ID/DL Verification Date:	Approved By: