



Student Records Release Authorization

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p: 941.751.7900 x 1013
f: 941.405.1365

- Transcript
- Verification Letter
- Attendance
- Financial 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
Middle
Last
Maiden

Date of Birth: _____ Student ID Number: _____ Daytime Phone: _____

Requested Information to: _____
Person

Address: _____

- Parent
- Spouse
- Other: _____

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 know to me 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.