

EMPLID: \_\_\_\_\_

SRRA

DATE: \_\_\_\_\_



## Student Records Release Authorization

6305 State Road 70 East, Bradenton, FL 34203

p: 941.751.7900

f: 941.405.1365

- |  |  |
|--|--|
| <input type="checkbox"/> Transcript          | <input type="checkbox"/> Grades                |
| <input type="checkbox"/> Verification Letter | <input type="checkbox"/> Clock Hours Completed |
| <input type="checkbox"/> Attendance          | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Financial Aid       |  |

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

- ☐ Parent  
☐ Spouse  
☐ Other: SDMC

Address: \_\_\_\_\_

### 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: \_\_\_\_\_