



Student Information Release Authorization Form

In compliance with federal **Family Educational Rights and Privacy Act (FERPA)** (20 U.S.C. § 1232g; 34 CFR Part 99) and **Children's Online Privacy Protection Act (COPPA)** (15 U.S.C § 6501) laws, educational institutions are prohibited from providing certain personal identifiable information from student records to a third party.

This restriction applies, but is not limited, to parents, spouses and/or sponsors. At the discretion of the student, permission may be granted to release information about student records to a third party by submitting a completed Student Information Release Authorization Form. If the student is under the age of 18, a parent or legal guardian must certify, by signature, the authorization of the information released.

This form authorizes release of the student's full name, email address, birth date, mailing address and school attending. This form only authorizes the release of said information to Agriculture Education Services and Technology, Inc. (AEST) and Florida Farm Bureau Federation. It cannot be used to authorize a standing release of information.

The specified information will be made available only to Agriculture Education Services and Technology, Inc. (AEST) and Florida Farm Bureau Federation for the sole purpose of testing and certifying students in industry based certifications known as Associate Certifications and/or Specialist Certifications.

School Student is Attending: _____

Student's Full Name: _____

Student's Email Address: _____ @ _____

Student's Birthdate: ____/____/____
MM/DD/YYYY

Student's Mailing Address: _____

City, State Zip

I hereby authorize Agriculture Education Services and Technology, Inc. (AEST) and Florida Farm Bureau Federation to verify information in my training and/or assessment records, which may include any of the personal information provided on this form. I release and hold harmless Agriculture Education Services and Technology, Inc. (AEST) and Florida Farm Bureau Federation for the disclosure of any such information in connection with this verification process.

Student's Signature: _____

Print Student's Name: _____

(If under the age of 18, a parent must certify authorization for release of information by signing below)

Parent/Legal Guardian's Signature: _____

Print Parent/Legal Guardian's Name: _____

NOTE: This form will be maintained on file with the teacher, who is sitting the student for an AEST Industry Certification, for the duration of the validity of the certification (5 years).