



FLORIDA STATE UNIVERSITY SCHOOLS, INC.

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FSUS Mission

Educational Research

Innovative Instruction

Professional Service

PARENT RELEASE

Student Name: _____

As the parent or guardian
of _____ **, I grant the Florida**
State University Schools Student Services Department and the Athletic
Department permission to provide copies of my student's academic and
standardized test records to representatives from colleges and
universities. I understand this release pertains only to academic and
athletic files. I have listed any exceptions to this access below.

Exceptions: _____

Signature of Parent/Guardian*

Date: _____

***NOTE: Student must sign release if he/she is 18 years old or older.**

Student Services Fax: 850-245-3838