

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize _____
 (First and Last Name) (Name of Institution)

To release information to the Florida Board of Accountancy regarding the cost of attendance, enrollment information and financial information.

REGISTRAR'S CERTIFICATION (To be completed by Registrar's office)**Student Information**

Fill out each section completely.

Student ID Number		Permanent Florida resident? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Last Name	First	Middle Initial	Suffix
Birth Date (MM/DD/YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	

Ethnic Origin of Student (Select one)

- ☐ An African American, a person having origins in any of the black racial groups of the African Diaspora, regardless of cultural origin. See Chapter 288.703(4)(a), F.S.
- ☐ A Hispanic American, a person of Spanish or Portuguese culture with origins in Spain, Portugal, Mexico, South America, Central America, or the Caribbean, regardless of race. See Chapter 288.703(4)(b), F.S.
- ☐ An Asian American, a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including the Hawaiian Islands before 1778. See Chapter 288.703(4)(c), F.S.
- ☐ A Native American, a person who has origins in any of the Indian Tribes of North America before 1835, upon presentation of proper documentation thereof as established by rule of the Department of Management Services. See Chapter 288.703(4)(d), F.S.
- ☐ An American woman. See Chapter 288.703(4)(e), F.S.

Enrollment Status

- | | |
|---|--|
| <input type="checkbox"/> Enrolled Full Time | <input type="checkbox"/> In Good Academic Status |
| <input type="checkbox"/> Enrolled Part Time | <input type="checkbox"/> Not In Good Academic Status |

Return to student or mail to:

Florida Board of Accountancy
 Attn: Clay Ford Scholarship
 240 NW 76th Drive, Suite A
 Gainesville, FL 32607

**OFFICIAL
SEAL**_____
Institution Name_____
Signature of Program Officer_____
Date