



STATEMENT OF IDENTITY
[MUST BE WITNESSED BY A DISTRICT EMPLOYEE OR NOTARIZED]

I, _____ (hereinafter "SIGNATORY") hereby state as follows:

1. SIGNATORY's resides at: _____

2. SIGNATORY'S date of birth is _____.

3. SIGNATORY'S social security number is XXX-XX-_____ (enter last 4 digits).

4. SIGNATORY's telephone number is _____.

5. The copy of SIGNATORY's driver's license attached hereto as Exhibit A is a true and correct copy of such identification.

6. SIGNATORY is the mother father guardian of:

STUDENT #1:

NAME: _____

DOB: _____

SSN: XXX-XX-_____

SCHOOL OF ATTENDANCE: _____

STUDENT #2:

NAME: _____

DOB: _____

SSN: XXX-XX-_____

SCHOOL OF ATTENDANCE: _____

STUDENT #3:

NAME: _____

DOB: _____

SSN: XXX-XX-_____

SCHOOL OF ATTENDANCE: _____

7. SIGNATORY represents that there are no outstanding restraining orders which prohibit him her from obtaining student records with respect to the Student(s).

8. SIGNATORY has not had his her FERPA (Family Educational Rights and Privacy Act) rights removed by a court of competent jurisdiction.

9. SIGNATORY has not had his her parental rights terminated.
10. SIGNATORY hereby consents to the release of any information contained in the educational records of the Student(s) to him her, via the following methods: (a) regular mail to the address listed in paragraph 2 of this affidavit; (b) email to _____; or (c) _____ via telephone to calls originating from _____.

UNDER SECTION 92.525(2), FLORIDA STATUTES (2021), A PERSON WHO KNOWINGLY MAKES A FALSE DECLARATION IS GUILTY OF THE CRIME OF PERJURY BY FALSE WRITTEN DECLARATION, A FELONY OF THE THIRD DEGREE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING STATEMENT OF IDENTITY AND THAT THE FACTS STATED IN IT ARE TRUE.

WITNESS:

(Witness must be a School District employee)

SIGNATORY:

Name: _____

Title: _____

Identification Verified (Include No.):

FL DL: _____

(State issued Driver's License; State issued photo I.D. or Passport)

Print Name: _____

OR

COUNTY OF _____)

STATE OF _____)

STATE OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me OR has provided _____ as identification.

(SEAL)

Name: _____

NOTARY PUBLIC

STATE OF _____ AT LARGE

Commission Expires: _____