



## PERSONAL INFORMATION RELEASE FORM

Instructions: This form is to be used by the student to grant access to their educational records to other entities besides themselves, such as a parent, spouse, etc. When completing this form, please print all items clearly to allow for correct processing.

In signing this form, I, \_\_\_\_\_, authorize Dalton State College to release information to: **(I hold the authority to revoke this form at any time).**

1. \_\_\_\_\_  
Name Relationship

What information do you want released to this person?

- \_\_\_\_\_ Academic Records (grades, attendance, graduation, etc.)  
\_\_\_\_\_ Financial Aid  
\_\_\_\_\_ Student Accounts (balances due, tuition and fee amounts, refunds, etc.)  
\_\_\_\_\_ All of the Above

2. \_\_\_\_\_  
Name Relationship

What information do you want released to this person?

- \_\_\_\_\_ Academic Records (grades, attendance, graduation, etc.)  
\_\_\_\_\_ Financial Aid  
\_\_\_\_\_ Student Accounts (balances due, tuition and fee amounts, refunds, etc.)  
\_\_\_\_\_ All of the Above

3. \_\_\_\_\_  
Name Relationship

What information do you want released to this person?

- \_\_\_\_\_ Academic Records (grades, attendance, graduation, etc.)  
\_\_\_\_\_ Financial Aid  
\_\_\_\_\_ Student Accounts (balances due, tuition and fee amounts, refunds, etc.)  
\_\_\_\_\_ All of the Above

I understand that this request is permanent and will remain in effect until I request in writing that the permission(s) be removed.

**Please note: This form will override all previous confidentiality requests made by the student.**

\_\_\_\_\_  
Student Name Student Signature  
\_\_\_\_\_  
Student ID Date