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?

   ________  Student Conduct Records (Only current case)  
   ________  Student Conduct Records (All past cases)  
   ________  All of the Above  
   ________  Student Conduct Records (Only specific aspects of specific case- please list.)  

_____________________________________________________________________________  
_____________________________________________________________________________  

2. ______________________________            ________________________________  
   Name                              Relationship  

What information do you want released to this person?

   ________  Student Conduct Records (Only current case)  
   ________  Student Conduct Records (All past cases)  
   ________  All of the Above  
   ________  Student Conduct Records (Only specific aspects of specific case- please list.)  

_____________________________________________________________________________  
_____________________________________________________________________________  

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