



# 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. Please print all items clearly to allow for correct processing. **Students must submit this form, in person, with a valid picture ID, to an authorized Dalton State College representative. No Faxes or mailed copies will be accepted.**

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

\_\_\_\_\_  
DSC Representative (print name)

\_\_\_\_\_  
DSC Representative (Signature)

\_\_\_\_\_  
Date Received