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

Registrar Form Updated: July 11, 2012