



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)
- _____ Student Conduct Records (All future 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)
- _____ Student Conduct Records (All future 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