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 Atlanta Metropolitan State College representative. No Faxes or mailed copies will be accepted.**

I, _______________________________________, authorize Atlanta Metropolitan 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

_____________________________________ _____________________________________  
AMSC Representative (print name)   AMSC Representative (Signature)  
_____________________________________  
Date Received