

# 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

