

Consent to Release Information

A separate form must be completed for each person/organization/department.

Student Information (required)		
First	Middle	Last
ID Number (if known)	*Date of Birth (required - mm/dd/yyyy)	*Social Security Number (required - 000-00-0000)

Section A. Add Authorization		
First	Middle	Last
Relationship:		

Records covered by this authorization

- Academics (ex: academic progress, advising, attendance, enrollment, grades, GPA, schedule)
- Financial Aid/Finances (ex: awards, charges)
- Do Not Release

Section B. Remove Authorization		
First	Middle	Last
Effective Date		

Student Acknowledgement

I understand that the records listed above include information classified as private under the Federal Family Education Rights and Privacy Act. I understand that by allowing access I am authorizing Dunwoody College of Technology to release to the authorized party above, and their representatives, information that would otherwise be private and not accessible to them.

I understand that I am not legally obligated to release my information and that I may remove this consent at any time. During the authorized time period, this information may be released multiple times, as requested. A photocopy of this authorization may be used in the same manner with the same effect as the original document.

I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Student Signature:

Date: