



PERSONAL INFORMATION RELEASE WAIVER FORM

Bring your brilliance.

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 Atlanta Metropolitan State College, Registrar's Office. 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 Receive