



Release of Information Consent Form

Student Name: _____

Student ID #: _____

I, _____, give the Faculty and Staff of Chattahoochee Technical College my written consent to the release, inspection of, copying, or discussion of any information regarding my admission status and paperwork, class schedule, grades, enrollment status, financial aid, and any other information regarding my education records to the following individuals:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

I understand that I will not be notified when information is released to the above individuals.

Student Signature

Date

Official Use Only:

Received By: _____

Date: _____

Entered Comments Into Banner:

_____ SPACMNT By: _____

Date: _____

_____ SGASTDN By: _____

Date: _____