ATLANTA TECHNICAL COLLEGE
CONSENT TO DISCLOSE INFORMATION
(FERPA Release Form)

Consent to Disclose Information
To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, an institution must obtain signed consent before it can release student information to a third party.

I, __________________________________________, ATC Student ID# ____________________________ hereby authorize the Atlanta Technical College Registrar's Office to release information pertaining to my admission status and paperwork, class schedule, grades, enrollment status, financial aid and any other information regarding my educational records to the following individuals:

Name ______________________________________ Relationship __________________________

Name ______________________________________ Relationship __________________________

Name ______________________________________ Relationship __________________________

I understand that all information released is specifically indicated and will be released only to the entities/individuals named on this form. All other information remains confidential. I will not be notified when information is released to the above individuals. I acknowledge that this consent is valid until I have completed my current program or until I revoke this consent in writing.

_________________________________________  __________________________
Student Signature                                      Date

_________________________________________  __________________________

OFFICIAL USE ONLY

Received by: ______________________________         Date: __________________________

Entered Comments Into Banner:

____ SPACMNT  By: ______________________________         Date: __________________________

____ SGASTDN  By: ______________________________         Date: __________________________