

**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
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OFFICIAL USE ONLY

Received by: _____ Date: _____

Entered Comments Into Banner:

_____ SPACMNT By: _____ Date: _____

_____ SGASTDN By: _____ Date: _____