



1704 S. Slappey Blvd. ▲ Albany, Georgia 31701 ▲ Tel# (229) 430-3510 ▲ Fax (229) 461-4151

STUDENT AUTHORIZATION FOR RELEASE OF RECORDS TO PARENTS OR GUARDIANS

STUDENT NAME: _____

Last

First

Middle

STUDENT I.D. or SSN#: _____

I hereby authorize Albany Technical College to release information contained in my student records to my parents or guardians listed below upon receipt of their written request, or upon the determination of appropriate college officials. *I understand that this authorization will remain in effect until I submit the necessary changes, in writing, or to the Registrar's Office.*

(Student must submit this form with proper ID).

Student Signature (required) Date

Parent/Guardian		
Name _____		
Last	First	Middle
Address: _____		
Street Address		

City	State	Zip-code

Parent/Guardian		
Name _____		
Last	First	Middle
Address: _____		
Street Address		

City	State	Zip-code

(Picture ID required for release of students records)