

**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, \_\_\_\_\_, Student ID# \_\_\_\_\_  
hereby authorize the Atlanta Technical College Enrollment Service'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: \_\_\_\_\_