

INFORMATION CONSENT FORM

NAME: _____ STUDENT ID: _____

PHONE: (_____) _____ - _____

I hereby authorize Georgia Military College (GMC) to release verbal information regarding my academic, financial, and conduct records to the authorized contacts listed below.

This consent form does not authorize GMC to release written information such as proof of enrollment, transcripts, etc. I understand that it is my responsibility, as the student, to request such documents by written consent through the Registrar's Office.

This permission is granted with full knowledge of my right to privacy under the Family Educational Rights and Privacy Act of 1974.

Authorized Contacts:

Student Signature

Date