



**CONSENT TO RELEASE OF EDUCATIONAL RECORDS TO THIRD PARTIES**

Students May Make their Education Records Accessible to Parents, Guardians, and Others by:

1. Sharing their PAWS access information with those with whom the student wishes to provide access (which the student may later revoke by changing the access information); or
2. Submitting this completed and signed Consent Form to the Enrollment Services Center (which consent may be later revoked by submitting a completed Consent Revocation Form to the Enrollment Services Center).

**Records to Be Released (check only 1 box per category):**

**1. Registrar Records**

- Only Registrar documents/information listed: \_\_\_\_\_
- All Registrar records

**2. Student Accounts Records**

- Only Student Account documents/information listed: \_\_\_\_\_
- All Student Accounts records

**3. Financial Aid Records**

- Only Financial Aid documents/information listed: \_\_\_\_\_
- All Financial Aid records

**Party to whom Education Records may be disclosed:**

1. \_\_\_\_\_  

Last Name	First Name	Middle Name	Relationship to student
-----------	------------	-------------	-------------------------
2. \_\_\_\_\_  

Last Name	First Name	Middle Name	Relationship to student
-----------	------------	-------------	-------------------------

**Period of Time for Consent (check only 1 box):**

- Until the Ending Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_
- Until I submit a signed statement to the Enrollment Services Center revoking consent.

**Please Note: A completed Access Form must be submitted before student information will be disclosed even when a student consent form is on file with the University.**

**I consent to the release of my Georgia State University educational records and information as described above and understand that I may later revoke this consent as described herein except to the extent that any records have already been released in accordance with this authorization.**

**Student:**

Last Name	First	Middle	Maiden/Other
DOB	Last 4 digits of SSN	Panther No.	Daytime Phone
Student's Signature		Date	

**Submit completed/signed Consent Form and valid photo ID to:**

*In Person:* Enrollment Services Center, Room 227, Sparks Hall

*Via Fax:* Document Management Center at 404/413-2235.

**Please allow 5 to 7 business days processing time. Forms submitted without required ID will not be processed.**

*Internal Use Only*

Submitted:  In Person  Fax

Date Received: \_\_\_\_\_ Staff Unit & Initials \_\_\_\_\_

Date Processed: \_\_\_\_\_ Staff Unit & Initials \_\_\_\_\_

Notes: \_\_\_\_\_