



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
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2. _____

Last Name	First Name	Middle Name	Relationship to student
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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: In Person: ERS-Enrollment & Registration Services Center at your nearest campus.

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: _____