

Permission to Release Education Record Information
Note: This Release is Valid for Current Semester Only.

I give permission for _____ at the University of Georgia
to release the following information:

(list specific education record information to be released)

to: _____
(name of individual or organization)

(address)

(address)

for: _____
(purpose)

Student's Name (Printed) _____

Signature _____

Date _____

UGA ID Number _____