VALDOSTA STATE UNIVERSITY
Office of the Registrar
Valdosta, GA 31698
229-333-5727

STUDENT RECORDS RELEASE FORM

STUDENT AUTHORIZATION FOR RELEASE OF RECORDS TO PARENTS OR GUARDIANS

STUDENT NAME: _____
Last First Middle

STUDENT I.D. (SSN): _____

I hereby authorize Valdosta State University to release information contained in my student records to my parents or guardians listed below upon receipt of their written request, or upon the determination of appropriate University officials. ***I understand that this authorization will remain in effect until I submit the necessary changes, in writing, to the Registrar's Office.***

_____ _____
Student Signature (required) Date

Parent/Guardian Name _____
Last First Middle

Address: _____
Street Address

_____
City *State* *Zip Code*

Parent/Guardian Name_____
Last First Middle

Address: _____
Street Address

_____
City *State* *Zip Code*

PLEASE NOTE: The complete text of Valdosta State University's policy with regard to the protection of and access to student records in accordance with University System Board of Regents policy and the Family Educational Rights and Privacy act of 1974 is published in the VSU Catalog.