CONSENT FOR THE DEAN OF STUDENTS OFFICE TO RELEASE
EDUCATION RECORD INFORMATION

I, the undersigned member of ______________________ understand that the Family
Education Rights and Privacy Act of 1974 allows the release of my scholastic record only
with my consent. I give my consent to release my grade report for education purposes
to the officers, advisors, and national office staff or my national sorority/fraternity and
the Abraham Baldwin Agricultural College Dean of Students Office. I grant this
permission as long as I am a member of the above named organization.
I understand that I am not required to give this consent. I want ABAC to share this
information as instructed above and I give this consent of my own free will.
Date: ______________

*This document is authorized for the Office of Student Affairs.

Name: __________________ Signature: ______________ ABAC ID __________
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