

## 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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