



Asheville-Buncombe Technical Community College  
 K. Ray Bailey Student Services Building  
340 Victoria Road  
Asheville, NC 28801  
(828) 398-7900

### Release of Student Information

Student ID#:    /   /   /   /   /   /   /    Student Name: \_\_\_\_\_

By signing below, I authorize A-B Tech to release information regarding my student record to the individuals listed below. This document will apply to both curriculum and continuing education areas of the College. This includes (but is not limited to) information related to my class schedule, attendance, grades, advising, transitional studies, etc. I understand the individuals below must have my Student ID# in order to conduct any College business on my behalf, and it is my responsibility to provide this number to them. This release replaces all previous authorizations and is in effect from the date signed until I submit a request revising or revoking the release of information.

This form does *not* include the release of any financial aid information to individuals other than the student. Due to strict federal privacy guidelines related to the security of student financial information, A-B Tech will not release account-specific financial aid information to anyone other than the student.

Information may be released to the following individuals:

Name: _____	Relationship to me: _____
Name: _____	Relationship to me: _____
Name: _____	Relationship to me: _____
Name: _____	Relationship to me: _____

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Office Use Only

1. Check photo ID (required; form must be submitted by student)
2. Scan to Applications/4 Privacy