



APARICIO LEVY TECHNICAL COLLEGE

Authorization for Release of Information (Internal)

DISCLOSURE TO PARENT, GUARDIAN, RELATIVE, OR OTHER:

This statement/document gives permission to Aparicio Levy Technical College (ALTC) to release information regarding my student status to include: grades, credit, attendance, conduct, and any other information regarding my enrollment at ALTC. Therefore, it is with my approval and consent to disclose information from my educational records to the following authorized person(s).

Date

Name of Authorized Person

Relationship

Name of Authorized Person

Relationship

Student's PRINTED Name

Student's Signature



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