

Dean's Certification

Authorization to Release Records

I hereby waive my privacy rights, including, but not limited to any rights pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and grant my consent to authorize Dalton State College to release any and all records and/or matters under investigation involving me for the purpose of obtaining a Dean's Certification.

Prir	nt Name:	Phone #:
Dat	e of Birth:	ID #:
Тос	lay's Date:	
E-n	nail Address:	
Signature:		
The	e entire Dean's Certification process takes app	proximately 7 to 10 business days.
Ple	ase indicate your preference:	
	Please mail the completed form to my local	address.
	Please mail the completed form to the institution requesting the form.	
	Please make me aware when it is completed	and I will pick it up from the Dean of Students Office.
Sen	d to:	
	•	and I will pick it up from the Dean of Students Office.

Bring or mail this form to the Dean of Students Office in Pope Student Center, 650 College Drive, Dalton GA 30720. Form can also be faxed to (706) 272-2506. Once the form has been completed by the Dean of Students Office it will be verified by the Office of the Registrar and mailed.

Please note: Requests cannot be made over the phone, nor can they be processed without a signature.