

Office of the Registrar Summerville Campus Rains Hall (706) 446-1430 registrar@augusta.edu

RECORDS RELEASE CONSENT FORM

PART 1. STUDENT INFOR	WATION		
First Name:	Middle Initial:	Last Name:	Student ID:
Date of Birth (MM/DD/YYYY): _		Last Four of SSN:	
PART 2: REQEUST INFOR	MATION		
Please note: In accordance with d physical files of student records a	-	of student records governed by the Board of F) years.	Regents and Augusta University,
Admissions Application	Birth Certificate	Drop/Add Form	Grade Change
Immunization Records	Passport	Previous College Transcript(s)	Other
Students who matriculated in or after 2014 should contact Student Health at 706-721-3448 for their records.		Institution Name(s):	
Select the option (Email or Standa	ard Mail) for how your red	quest should be sent.	
Email			
Contact Name (if applicable):		Email Address:	
Standard Mail			
Name:		Street Address:	
City, State, Zip Code:		Number of Copies to be Mailed:	
PART 3: REQUIRED SIGNA	ATURES		
By signing this form, I give conser organization listed above.	nt and authorize AU Regis	strar's Office to release the documents noted	above to the designated person or
Student Printed Name		Student Signature	Date