



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 includes (but is not limited to) information related to financial aid, billing, attendance, grades, advising, 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.

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