

OFFICE

Fax: 706-826-4625

www.rcboe.org

Form B - Authorization to release information for Diploma order
Include picture ID

I,

person only upon my authorization.

I agree to these conditions and do hereby grant permission for school officials to release information from my cumulative record to the following individuals, agencies and/or institutions (must include complete address):

****THE FOLLOWING INFORMATION IS REQUIRED****

Print Legal Name of Student
(as it appears on Student Record / Maiden Name)
Student Records #2 (Rev. 10)

Married Name (if applicable)

Last 4 digits of Social Security

Date of Birth

High School Graduated from or *attended*

Year Graduated