



OFFICE OF STUDENT RECORDS

864 Broad Street - 1st Floor  
Augusta, Georgia 30901

Phone: 706-826-1000 or 706-826-1129 • Fax: 706-826-4625  
www.rcboe.org

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

I, the undersigned, am eighteen (18) years of age or older. I understand that the information contained in my school record is confidential and will be released to non-school persons 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):

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

_____	_____	_____
<b>Print Legal Name of Student</b> (as it appears on Student Record / Maiden Name) <small>Student Records #2 (Rev. 10-17)</small>	<b>Married Name (if applicable)</b>	<b>Last 4 digits of Social Security</b>
_____	_____	_____
<b>Date of Birth</b>	<b>High School Graduated from or attended</b>	<b>Year Graduated or Year Last Attended</b>
_____	_____	_____
<b>Student's Signature</b>	<b>Daytime Phone Number</b>	<b>Email</b>

(Office use only)	
_____	_____
<b>Witness (School Official)</b>	<b>School/School Office</b>
_____	_____
<b>Position of School Official</b>	<b>Date Received</b>