

Authorization for Release of Information

By signature(s) below, I (we) give authorization to Germanna Community College to release information regarding my enrollment to:

Will pick-up Phone # _____

OR

Send to: _____

Company/Organization

Name

Address

City, State, Zip Code

Name (printed): _____

Student ID#: _____

Term Requested: _____

Signature: _____

Date: _____

For Military (Letterhead)

Expected Graduation date: _____



2130 Germanna Highway
Locust Grove, VA 22508
(540) 423-9030

10000 Germanna Point Drive
Fredericksburg, VA 22408
(540) 891-3000