

Savannah State University
Office of the Registrar
Savannah, Georgia 31404

Consent Form

To: Office of the Registrar

From: _____ SID _____

Re: Consent to Release Information

Date: _____

This is to verify that I have consented for the following person(s) to receive any pertinent information concerning my progress while at Savannah State University:

Name _____ Relationship _____

Address _____
ZIP CODE

Name _____ Relationship _____

Address _____
ZIP CODE

Name _____ Relationship _____

Address _____
ZIP CODE

Student's Signature _____