RECORD RELEASE:		
Name:		_
Employee ID:		
☐ I give Middle Georgia State regarding my enrollment:	University permission to shar	re the following information with Delta Air Lines
Name Employee ID	Degree Program Number of Hours Enrolled	
Employee Signature		Date
☐ I do not authorize Middle G to Delta Air Lines.	Seorgia State University to rele	ease my enrollment status and program of study
Employee Signature	-	Date