



REQUEST FOR RELEASE OF STUDENT INFORMATION

South Georgia Technical College is hereby authorized to release any and all records/information that I may have at SGTC. I understand that my social security number, grades, tuition and fees and other like information are included in my permanent records at SGTC.

South Georgia Technical College will disclose information from educational records only with the written consent of students. If you would like to give permission for a specific individual to have access to your educational records, please complete this waiver and return it to the Office of the Registrar.

Student Information

Student Name: _____

Student ID#: _____

Address: _____

_____ City _____ State _____ Zip

Email Address: _____

Telephone Number: _____

Statement of Permission

I give my permission to SGTC faculty and staff to speak to the named person(s) below about my permanent records here at SGTC. By signing this waiver, I give the individuals listed below permission to have access to my educational records. I understand they will have to confirm my identity with the information listed above in order to have access to my records.

Individuals Allowed Education Record Access

Relationship to Student

Student's Signature

Date