



Waiver of Confidentiality

Wiregrass 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:

Office of the Registrar
Wiregrass Georgia Technical College
667 Perry House Road
Fitzgerald, GA 31750
Fax: (229) 458-2110

Section 1 -- Student Information

Student Name _____
Student ID Number _____
Date of Birth _____
Current Address _____
City, State, Zip _____
Telephone Number _____
E-mail _____

Section 2 -- Statement of Permission

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.

Student Signature _____ Date _____

Individuals Allowed Educational Record Access	Relationship to Student
1. _____	_____
2. _____	_____
3. _____	_____