

Waiver of Confidentiality

OFFICE OF THE REGISTRAR



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: 229-468-2110

SECTION 1: Student Information

Student Name: _____

Student ID#: _____ **Date of Birth:** ____ / ____ / ____

Current Address: _____
Street/PO City State Zip

Email Address: _____ **Telephone:** ____ / ____ / ____

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's Signature** _____ **Date**

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

An Equal Opportunity Institution/A Unit of the Technical College System of Georgia



Ben Hill-Irwin Campus
667 Perry House Road
Fitzgerald, Georgia 31750
229-468-2000



Coffee County Campus
706 West Baker Highway
Douglas, Georgia 31533
912-389-4303



Moody Extended Campus (Moody AFB)
23rd FSS/FSDE
3010 Robinson Road
Moody AFB, Georgia 31699
229-253-9571



Cook County Workforce Development Center
1676 North Elm Street
Sparks, Georgia 31647
229-549-7368



Valdosta Campus
4089 Val Tech Road
Valdosta, Georgia 31602
229-333-2100