



## Waiver of Confidentiality

Athens 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 Registration and Records*  
 Athens Technical College  
 800 US Highway 29 North  
 Athens, GA 30601-1500  
 Fax: (706)583-2531

### Section 1 – Student Information

<b>Student Name</b>	
<b>Student ID Number</b>	
<b>Date of Birth</b>	
<b>Current Address</b>	
<b>City, State, Zip</b>	
<b>Telephone Number</b>	
<b>Email</b>	

### 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