



Office of Registration & Records
 Athens Technical College
 800 U.S. Highway 29 North
 Athens, GA 30601
 registration@athenstech.edu

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 the office of Registration & Records.

Section 1 – Student Information

Student Name	
Student ID Number	
Date of Birth	
Current Address	
City, State, Zip	
Telephone Number	
Email	

Section 2 – Statement of Permission

Individuals Allowed Educational Records Access	Relationship to Student

- Admissions
 Registration
 Grades
 Graduation
 Residency
 Records
 Financial Aid
 Records
- Tuition & Fees
 Placement
 Test Scores
 Other (Please Specify) _____

By signing this waiver, I give the individuals listed above permission to have access to the indicated records. I understand they will have to confirm my identity with the information listed above in order to access my records. I acknowledge that this consent is valid until I revoke this consent in writing.

Student Signature: _____ **Date:** _____