



Release of Information Request

I, _____ S.S. or Student ID # _____ hereby authorize Southwest Georgia Technical College to communicate with _____

and discuss the following:

(check all that apply)

- Placement Scores, Financial Aid Information, Advisement, Application Status/Admission Information, Career Exploration, Registration Information

This release is valid for (check one):

- This academic quarter only (specify) Summer Fall Winter Spring Year _____
This academic year only (specify) _____ - _____
As long as I am a student at SWGTC
For this specific period of time from: ____/____/____ until ____/____/____

This release is subject to revocation in writing at any time, but revocation can have no effect on disclosure previously made.

Student Signature _____ Date _____

Southwest Georgia Technical College does not discriminate on the basis of race, color, national origin, gender or disability. The Title IX Coordinator: Joyce Halstead, VPSA, SWGTC Building A, (229) 225-5062. Section 504 Coordinator: Alison Welch, SWGTC Building A, (229) 227-2793