



Ogeechee Technical College  
Office of the Registrar  
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## AUTHORIZATION AND REQUEST TO RELEASE INFORMATION

Student Name:

Student ID or SS #:

Information To Be Released:

Reason for Release of Information:

Information to be Released To:

Date Release of Information to Begin:

Date Release of Information to End:

I hereby authorize Ogeechee Technical College to release the information stated above to the specified individual. Further, I release Ogeechee Technical College from any liability that may occur as a result of this release.

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

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