



*Ogeechee Technical College*  
**OFFICE OF THE REGISTRAR**  
One Joe Kennedy Boulevard  
Statesboro, Georgia 30458  
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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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