



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

REGISTRAR'S OFFICE
CONSENT TO DISCLOSE INFORMATION FORM

The federal law FERPA, (Family Educational Rights and Privacy Act of 1974), protects the privacy of students' education records, both academic and financial. For a student's protection, an institution must obtain signed consent before it can release student information to a third party.

Please print clearly.

I _____, Student ID# _____ hereby authorize the Gwinnett Technical College Registrar staff to release specific educational information to the following person(s):

Complete Name _____ Relationship: _____

Complete Name _____ Relationship: _____

Password to be used when obtaining information from GTC (5-8 characters, Cannot be your name)

Grid of 8 empty boxes for password entry

Protect your password. Only share the password with the individuals listed on this form. Individuals NOT listed above will not have access to information

Please check the type(s) of information to be released:

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

I understand that I may revoke this consent, in writing, at any time to the parties listed above, except to the extent that any previous action has been undertaken, or information released. I understand that all information released is specifically indicated and will be released only to individuals named on this form. All other information remains confidential. I acknowledge that this consent is valid until I revoke this consent in writing.

This form may be submitted in person to an enrollment advisor or via e-mail using your GTC email account to registrar'soffice@gwinnetttech.edu

Student Signature Date _____ Date: _____

OFFICE USE ONLY

Processed by: _____ Date _____