Oconee Fall Line Technical College

Authorization to Release Records

Oconee Fall Line Technical College is granted permission to release my records, including previous/current grades, test scores, and/or other information. I agree to assume all legal responsibility and do hereby relieve the person who provided such information from any liability, regardless of any action, which might arise as a result of the release of the information requested.

Student Information: Name:		
	Birthdate:	
Address:		
City:	State:	Zip:
Phone #:		
Recipient Information: Send To:		
Address:		
City:		
Requested Information: Enrollment Verification Only: Mail Pick Up Fax #: Test Scores Only:		
□ Mail□ Pick Up□ Fax #:		
Other Documentation:		
Authorization to Pick Up Record		
Relationship:		
Please allow 3 days for processing. Requested indicates financial indebtedness to the institution Registrar@oftc.edu.	d information will not be issued on. Please fax form to 1-800-47	to a student whose record 73-3021 or email to
Student Signature:		
Date:		
Initials of Person Supplying Information:		Completed: