Oconee Fall Line Technical College

Appointment Consent Form

I, _____ am allowing _____

to sit in on my appointment with _____. I understand that my academic progress, academic standing, academic history, admission placement scores, disciplinary records, grades and/or financial aid information could be discussed in the session. By giving consent, I understand that this person will hear sensitive information and will not hold Oconee Fall Line Technical College liable for violation of confidentiality.

Signature: _____

Student ID#: _____

Date: _____