

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: _____

SS#: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Recipient Information:

Send To: _____

Address: _____

City: _____ State: _____ Zip: _____

Requested Information:

Enrollment Verification Only:

- Mail
- Pick Up
- Fax #: _____

Test Scores Only:

- Mail
- Pick Up
- Fax #: _____

Other Documentation: _____

Authorization to Pick Up Records

Name: _____

Relationship: _____

Please allow 3 days for processing. Requested information will not be issued to a student whose record indicates financial indebtedness to the institution. Please fax form to 1-800-473-3021 or email to Registrar@oftc.edu.

Student Signature: _____

Date: _____

Initials of Person Supplying Information: _____ Date Completed: _____