

WILLIAMSBURG TECHNICAL COLLEGE INFORMATION RELEASE FORM

Permission to Collect, Disclose, or Release Information

PLEASE PRINT

I,	(name of	student)	authorize the Student
Affairs	s office to release information regarding	my adjustion to	ame of parent, guardian, individual or agency)
	nformation is directly involved with my e tted with my written authorization.	ducational plan. Re	lease of information to any other party is only
<u>AND</u>	I AGREE TO		
•	give permission to release information regarding admissions, academics, financial aid to the individual or agency designated above;		
•	allow the Office of Public Relations and Development at the College to release my name, photo, and/or story in promotional materials for as long as deemed necessary for the advancement of the College and its purpose;		
•	release the Student Affairs office and Williamsburg Technical College from all legal responsibility and liability arising from disclosure of information based upon this signed release;		
•	any information in my WTC records will remain confidential according to state and federal laws;		
•	 allow this release to remain in effect for one year of the signature date, or until I revoke it in writing, whichever comes first. In all cases above I understand that I may revoke this consent in writing at any time. 		
•	receiving college updates via email or text messages.		
Student Signature		Date	WTC ID Number or Social Security Number
Signature of Parent or Guardian		Date	

Williamsburg Technical College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Williamsburg Technical College. The Commission should be contacted only if there is evidence that appears to support the college's significant non-compliance with an accreditation requirement or standard.