

Southeastern Technical College

Request for Release of Information

Website: www.southeasterntech.edu

Swainsboro

346 Kite Rd
Swainsboro, Georgia 30401
Phone: (478) 289-2200
Fax: (478) 289-2263

Vidalia

3001 East First Street
Vidalia, Georgia 30474
Phone: (912) 538-3100
Fax: (912) 538-3156

REQUEST FOR RELEASE OF STUDENT INFORMATION

Student's Name _____ All other names used in past _____
Social Security/ID# _____ Date of Birth _____
Current Address _____
Phone Number _____ Email Address * _____
Course of study _____ Dates Attended _____

Information to be released: (Please check below)

(STC is permitted to provide a transcript of credits earned at Southeastern Tech, not copies of transcripts from other colleges.)

- Enrollment Verification Letter
 Entrance Exam Scores
 Official Transcript (Your unofficial transcript can be accessed using BannerWeb at www.southeasterntech.edu)

Issue to _____
(School/Address _____
Or Email Address) _____

Issue immediately (within 4 business days) Hold for current quarter grades

I hereby authorize Southeastern Technical College to release the records indicated above.

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.

Signature (Required to process this request)

Date

*Most transcripts are sent electronically. If we are able to send the transcript electronically and an email address is provided, you will be notified by email when the transcript is sent.

Transcripts will be processed within four (4) business days from the date of this request. A fee of \$5 is required for processing. A transcript requested on demand will be processed provided technology is available and the request is not made on a registration date. On Demand transcripts will be processed for a fee of \$25.

You may fax, mail, or bring this form to the Student Affairs Office.

Vidalia Campus Fax: 912/538/3156 Swainsboro Campus Fax: 478/289/2263

Please note: Transcript requests will be held for 60 days. After that time, another request for release of information must be completed.

Registrar's Office Use Only

Date _____ Transcript Verification Letter Test Scores
Mailed
Receipt # _____ Sent electronically
Picked up
Faxed