



AUGUSTA TECHNICAL COLLEGE
Office of Student Records
Consent Form

To Whom It May Concern:

I, _____, a student/prospective student of Augusta Technical College, hereby give consent to my

Parent(s)/Guardian(s)/Designee(s), _____ to have access to my student record or speak on my behalf in any school related conferences that may concern me at Augusta Technical College. In doing so, I certify that I am of legal age for adult status in the state of Georgia.

Signed this date: _____

Valid through this date: _____

Student: _____

ID Number: _____

Parent/Guardian/Designee*: _____

Augusta Technical College official/representative: _____
(Signatures must be witnessed by college official/representative)

*Parent/Guardian/Designee will be required to show identification when requesting student information.