

COMMONWEALTH TECHNICAL INSTITUTE @ HGAC

STUDENT RELEASE OF CONFIDENTIAL INFORMATION

Name: _____

Name while attending CTI@HGAC, if different from above: _____

Social Security Number: _____

Address: _____

Telephone Number: _____

Date of Enrollment: _____

Program of Enrollment: _____

Date Discharged: _____

I hereby authorize the Education Division at the Commonwealth Technical Institute at the Hiram G. Andrews Center to release a copy of the following:

- Transcript*
- Diploma*
- Other:* _____

Send Information To (address):

I certify that I have read the foregoing statement and fully understand that in making this request for disclosure of educational information concerning me, I am waiving the protection and safeguards accorded to me by the Federal and State confidentiality requirements.

Signature

Date