

**Authorization Consent Form**

**OHIO BUSINESS COLLEGE  
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT  
STUDENT RELEASE**

Student Name (Last, First) \_\_\_\_\_

Student ID# or SSN# \_\_\_\_\_

**Student's Authorization for Disclosure**

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) and authorize Ohio Business College to discuss and/or disclose the following education records to the person listed below:

- \_\_\_ Transcripts
- \_\_\_ Financial records
- \_\_\_ Disciplinary Records: \_\_\_\_\_  
(specify incident or indicate "All")
- \_\_\_ Other \_\_\_\_\_  
(please specify)
- \_\_\_ All information regarding my enrollment at Ohio Business College without limitation

Name of Authorized Person: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address of Authorized Person: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_

Telephone # (\_\_\_) \_\_\_ - \_\_\_\_\_

The purpose of releasing this information is \_\_\_\_\_

**I understand that this authorization will be in effect as long as I am a student at Ohio Business College or until I revoke this authorization in writing.**

I affirm that I have carefully read the foregoing authorization and that I fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This authorization form is not required when school transmits information to state and federal agencies concerning processing of Title IV aid. This authorization is not also required if student files are subject to institutional, state and federal program review and audit.

### Information Release via Telephone

No information concerning any student is released to any individual, group or organization via telephone, cellular phone or other similar devices unless that individual, group or organization is involved in the awarding and processing of student's Title IV aid.