

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.