

# OZARKS TECHNICAL COMMUNITY COLLEGE

## CONSENT TO RELEASE STUDENT INFORMATION Office of the Registrar

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First M.I.

I hereby give permission to Ozarks Technical Community College to disclose to and discuss with the individual(s) identified below, any information contained in my educational, financial aid, academic, and student financial records held by OTC. This will include but is not limited to grades, registration, academic standing, payment information, collections, Veterans' benefits and financial aid. Verbal access only will be granted to the following individual(s) once appropriate photo identification has been verified. **Written, printed or photocopied materials will not be provided.** OTC reserves the right to withhold information over the phone. This release does not cover Counseling Services, Disciplinary, Behavioral Intervention Team or Disability Support records. \_\_\_\_\_ **Initial**

I understand that the above information is considered private information under the Federal FERPA guidelines. By completing and signing this form, I realize that this information will be released only to the individual(s) indicated and that I am waiving my privacy rights under FERPA. \_\_\_\_\_ **Initial**

This release does not authorize the individual(s) to make changes to any part of my student record. \_\_\_\_\_ **Initial**

This authorization will stay in effect until I choose to revoke it in writing. \_\_\_\_\_ **Initial**

(Circle 'release to' or 'cancel release') NOTE (P = Parent, G = Guardian, S = Spouse, O = Other) (CIRCLE ONE)

Release to / Cancel release (Name) \_\_\_\_\_ Relationship: P G S O

Release to / Cancel release (Name) \_\_\_\_\_ Relationship: P G S O

Release to / Cancel release (Name) \_\_\_\_\_ Relationship: P G S O

Student Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by/Date

Processed by/Date