

OZARKS TECHNICAL COMMUNITY COLLEGE

RELEASE OF STUDENT INFORMATION AUTHORIZATION

TO BE COMPLETED BY THE STUDENT

I, _____ hereby authorize Ozarks Technical Community College to release the educational records or information as indicated to the individual or organization listed below:
(Please print full name)

Initial on the lines below to indicate only those records you wish to make available:

_____ **Official Academic Transcript** (includes courses taken, dates of attendance, certificates and degrees awarded, cumulative grade point average (GPA), and honors earned. The transcript represents the student's permanent record at Ozarks Technical Community College).

_____ **Financial Aid Records** (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

_____ **Admissions and Registration Records** (records include: admission and registration information, schedule information, and residency information).

_____ **Student Account Records** (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records).

_____ **Instructor/Classroom Records** (records include: attendance).

_____ **Disciplinary Records** (records include: redacted incident reports, conduct code or policy violations, incident and/or hearing date, conduct letters, sanctions issued, and if the sanctions were completed).

Please Note: Counseling Center and Services for Students with Disabilities records are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.

**The following individual/agency is authorized to access the information indicated above:
PLEASE PRINT FULL NAME OF FIRM, AGENCY, OR INDIVIDUAL**

Name of Individual or Agency: _____

Address: _____

Reason for Release: _____

Although I understand I am not required to release information, I am giving my consent to Ozarks Technical Community College to disclose these records. I also understand that this release remains in effect for one calendar year from the date signed, unless I revoke my consent in writing and deliver it to the Office of the Registrar at Ozarks Technical Community College. I understand that my records will not be released to additional third parties without my approval.

Student I.D. # _____

SSN # _____

Signature of Student _____

Date _____

(These records are stored in a data system which uses the SSN as system identifiers. SSN# is strongly recommended.)

FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records. Recipients listed are prohibited under FERPA from releasing student records to third parties unless express consent is given by the student.

Original will be scanned into the student's file in the Registrar's Office. A copy will be sent to the student, upon request.

Office Use Only Date Initials