

Authorization to Release Student Education Record Information

The purpose of this release is to facilitate the communication of student information to authorized individuals identified by the student. Generally, this information will be released without student notification; however the college reserves the right to notify students prior to the release of information. The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of education records, establishes the rights of students to inspect and review their education records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings. This Authorization applies to the disclosure of education records as defined by Cincinnati State Technical and Community College.

Student Information:

Name of Student _____
Last Name *First Name*

Address: _____
Box # or Street *City* *State* *Zip* *Phone*

Student ID Number: _____

Recipient Information:

I authorize Cincinnati State Technical and Community College to release my educational records to the person(s) or organization specified below:

Name/Organization: _____

Address: _____
Box # or Street *City* *State* *Zip* *Phone*

My educational records may be released upon written request by the listed person(s) bearing a signature, via mail or fax to the Office of the Registrar (see below).

Records Which May Be Released:

All educational records, including but not limited to: Admission, Advising, Financial Aid, Student Account Information and Student Academic Records.

Consent:

The above information may be released with my full consent. I understand that this authorization remains in effect until my written revocation is received by the Office of the Registrar at the address listed below.

Student Signature: _____ Date: _____

Please return this completed form to:

Office of the Registrar: 3520 Central Parkway Cincinnati, Ohio 45223 Phone: 513-569-1522 Fax: 513-569-1883