**Information Release Form**

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that personnel of Ohio Dominican University and personnel of Central Ohio Technical College may provide information from your education records as indicated below.

**Student Name:**

**Last: _____ First: _____ Middle: _____ Maiden: _____**

**E-mail Address: _____**

**COTC ID#: _____ *and* ODU ID#: _____ *or* Last 4 digits of SSN#: _____**

**Date of Birth: _____**

By signing this form, I hereby authorize ODU and COTC to exchange information with one another concerning my academic performance, as well as to report any violation of judicial and honor regulations. I understand that I will not be contacted when such information is exchanged between personnel at COTC or ODU. I also understand that as a student at both COTC and ODU, I am subject to the FERPA policies of both institutions, including the policies relating to directory information. Directory information will be released unless I request directory information be withheld in accordance with such policies. I further understand that this authorization is valid until revoked by me, in writing, and delivered to COTC and ODU, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation. Copies of this form will be kept on file at both COTC and ODU.

If submitting this form electronically, I certify that my name entered in the text field below counts for all intents and purposes for the submission of this form as my signature:

_____ _____

Student Full Name Date

_____

Printed Name