

Registrar's Office 107 N. Ninth St Columbus Ohio 43215 Phone (614) 222-3295 Fax (614) 222-4034

CONSENT TO RELEASE INFORMATION FROM STUDENT RECORDS

STUDENT'S NAME:	
LAST FIRS	T MIDDLE
STUDENT'S ID NUMBER	-
The following individual/organization desires that certain information be released from your educational records:	Name/Organization Address City/State/Zip Telephone () Fax ()
Please send the following information: (check all the apply) Student Grade Copy (Unofficial Transcript) Enrollment Verification Copy of Current Schedule	Other pertinent information (i.e. policy numbers, parent/guardian names)
The above named individual requires this information for the following reason: (check one) Insurance Deferment Loan Deferment Other:	
Unless you do not specify that you do not want your Social Se signature is your written consent to release this number.	ecurity Number released we will assume your
I hereby give my consent to the release of the information speacknowlegde that a duplicate copy of this form has been give	
Student Signature	Date
OFFICE USE ONLY	
DATE RECEIVED	RECEIVED BY
DATE PROCESSED	PROCESSED BY