



Release of Information Authorization

Pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1231g ("FERPA"), the college is limited in its ability to release student record information without the student's explicit written consent. As a student, if you wish to authorize the release of additional records to specified persons or institutions, please complete and sign this form in person at the Registrar's Office in 184 Light Hall.

Student Information *(please print clearly)*

Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Student ID #	or	Last 4 Digits of Social Security #
<input type="text"/>		<input type="text"/>

Release of Information Authorization

I understand that any and all personally identifiable information concerning my financial and academic records is protected under FERPA. I further understand that I may waive that protection and give access of my records to individuals of my choice. This release allows the individual(s) named below to access information only from records maintained by the Admissions, Cashiers, Registrar's, Judicial and Financial Aid offices.

I agree to waive my rights under FERPA and allow the person(s) named below to receive access to records maintained by the offices listed above. These records may be released orally and/or in the form of written records.

Printed Name (first, middle and last)	Relationship
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

I understand that this release is valid as long as I am a student at Hocking College. By signing this release, I authorize Hocking College to release any and all admission, financial and academic information to the person(s) listed above. I understand that I can revoke this release at any time by returning to the Registrar's Office and signing the Revocation Clause.

Student Signature	Date	HC Staff Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>

Revocation of the Release of Information Authorization

I acknowledge that by signature below, I no longer waive my rights under FERPA and I am withdrawing my permission to release any financial, judicial or academic information to those individuals on this document. I further understand that if I wish to grant access to my records, that a new release form will need to be completed.

Student Signature	Date	HC Staff Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>