## Ozarka College

## PERMISSION TO RELEASE STUDENT RECORD INFORMATION

Form must be completed in person by student on one of Ozarka College's campuses

Must show photograph identification.

First Name		MI	Last N	ame
hereby auth	orize Ozarka College to re	lease the following edu	cation records and infor	mation
S	tudent Academic Records		Academic Advisi	ng/ Instructor Records
F	inancial Aid Records		Bookstore Reco	rds
E	Susiness Office/Billing Rec	cords	Other	
-	indicate name, address, pat have all the contact info			cy to receive information) identity of the requestor.
Name: Address:	Phone #: DOB:			
Name: Address:	Phone #: DOB:			
Please indi	cate the purpose for the	records release by in	itialing below:	
Т	o assist with academic pl	anning at Ozarka Colleg	e	
Т	o assist with financial pla	nning at Ozarka College	2	
т	o assist with Federal pro	grams (i.e. Career Pathv	vays, Dept. of Human Ser	rvices, etc.)
have the right to	er that: ot to consent to the release of oreceive a copy of such reco all remain in effect until re	rds upon request.	. and delivered to Ozarka	College.
	revocation shall not affect t	-		=
=	y consent for release, I unde			
Student Sig	nature	Student ID Number	Date	
Ozarka College Witness Signature		 Date		*For information regarding FERPA, pleatist the Ozarka College catalog.