

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.

I

First Name

MI

Last Name

hereby authorize Ozarka College to release the following education records and information

<input type="checkbox"/>	Student Academic Records	<input type="checkbox"/>	Academic Advising/ Instructor Records
<input type="checkbox"/>	Financial Aid Records	<input type="checkbox"/>	Bookstore Records
<input type="checkbox"/>	Business Office/Billing Records	<input type="checkbox"/>	Other

To:

Name: _____

Name: _____

Please indicate the purpose for the records release by initialing below:

_____ To assist with academic planning at Ozarka College

_____ To assist with financial planning at Ozarka College

_____ To assist with Federal programs (i.e. Career Pathways, Dept. of Human Services, etc.)

I understand further that :

(1) I have the right not to consent to the release of my education records.

(2) I have the right to receive a copy of such records upon request.

(3) **This consent shall remain in effect until revoked by me, in writing, and delivered to Ozarka College,**

but that any such revocation shall not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to submit and file a new form.

Student Signature

**Student ID
Number**

Date

*For information regarding FERPA, please
visit the Ozarka College catalog.

Ozarka College Witness Signature

Date

Revised 08-22-23