Central Ohio Technical College
The Gateway – Student Records
1179 University Drive, Newark, OH 43055
Phone: 740-364-9594 ■ Fax: 740-366-9160
cotcrecords@mail.cotc.edu

Authorization for Release of Information

Submit this form to The Gateway to authorize COTC personnel to release information from your education records as indicated below in accordance with The Family Education Rights and Privacy Act (FERPA).

_____ _____
Last Name First Name Middle Name Student ID

Phone Number _____ ☐ Landline ☐ Mobile Date of Birth _____

I, the undersigned, authorize Central Ohio Technical College to release the following education records and/or any information contained therein (please identify specific records or types of records):

_____

_____

_____

To (Name and address or fax number of person/agency to receive information):

_____

_____

_____

For the purpose of:

_____

_____

_____

I understand and acknowledge that: (1) I have the right to not consent to the release of my education records; and (2) this consent shall remain in effect until revoked by me, in writing, and delivered to Central Ohio Technical College, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

_____ _____
Student Signature Date

**This form must be returned to COTC by the student identified. A photo identification may be required before any information is released.*

Gateway Use Only: CRI Code RGCAUTRL added with status "Not Reviewed" ☐

Processed by: _____ Date: _____