

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 Nam	e Student ID
Phone Number	🗆 Landline	☐ Mobile	Date of Birth
	te Central Ohio Technical College to dentify specific records or types of		owing education records and/or any information
To (Name and address fav	number, or email of person/agend	cy to receive inform	mation):
	Turnber, or email of persony agent		mation).
For the purpose of:			
consent shall remain in effe		, and delivered to	elease of my education records; and (2) this Central Ohio Technical College, but that any such itten revocation.
Student Signature *This form must be returned to	o COTC by the student identified. A ph	 noto identification m	Date pay be required before any information is released.
Gateway Use Only: CRI Coo	le RGCAUTRL added with status "I	Not Reviewed" \square	
Processed by:	Dat	te:	