



# Central Ohio Technical College

## The Gateway – Student Records

1179 University Drive, Newark, OH 43055  
Phone: 740-364-9594 ■ Fax: 740-366-9160  
cotcrecords@cotc.edu

### Confidential Information Release

\_\_\_\_\_

Last Name	First Name	Middle Name	Student ID
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#### Authorization for Release of Student’s Confidential Information by Central Ohio Technical College

*The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student educational records, both financial and academic. For the student’s protection, FERPA generally limits, with certain exceptions, release of student information without the student’s explicit written consent. In order to release information concerning your financial and academic records, your authorization is needed.*

To authorize the Academic and Financial offices of COTC to release information to **you** and **any persons you list below** via the telephone or in person, please complete, sign and return this form to The Gateway. **All COTC staff will respond to email via COTC issued email accounts only.**

**Note: This authorization remains in effect until revoked by student in writing.**

I, \_\_\_\_\_ (student name), give permission to the department(s) checked below to disclose information maintained by COTC. As Financial Aid and Fees & Deposits information are closely linked with each other and with Student Records, I understand that the authorization of release of such information may also include academic information (such as grades), even if I do not select “Student Records” below.

The following information **must be provided** to verify the authenticity of requests for your **CONFIDENTIAL** information. Any persons authorized below to request information on your behalf **must** be able to provide the student’s name, COTC ID, and secret code word.

Student’s Secret Code Word: \_\_\_\_\_

Authorized Person’s Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Check ALL that apply for authorized person above:**  Student Records  Financial Aid/Fees & Deposits  Military Contact

Authorized Person’s Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Check ALL that apply for authorized person above:**  Student Records  Financial Aid/Fees & Deposits  Military Contact

*\*\*Attach a separate sheet if you have additional individuals you want to authorize to request information on your behalf.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

<b>Gateway Use Only:</b> CRI Code RGCCIR added with status of “Not Reviewed” <input type="checkbox"/>	
Processed by: _____	Date: _____