

Central Ohio Technical College

The Gateway - Student Records

1179 University Drive, Newark, OH 43055 Phone: 740-364-9594 ■ Fax: 740-366-9160

cotcgateway@mail.cotc.edu

Non-Academic Dismissal Authorization for Release of Information

Instruction to student: Send this form to your former College, University, or other Post-Secondary Institution to request supporting documentation related to your non-academic dismissal.

Last Name	First Name	Middle N	lame	Date	of Birth
Street Address					
City		State		Zip	
	☐ Landline	☐ Mobile			
Phone			Email		
Name at time of enrollment at	t prior college (if different): _				
Phone Number:			ne	☐ Mobile	
hereby authorize				(institutio	n) to provide appropriate
documentation or statement i	regarding my dismissal in				(semester/year) to the
address below.					
	Central O 1179 Newar cotcadmis	teway - Admissio hio Technical Col University Drive k, OH 43055-176 ssions@mail.cotc 40-755-7654	lege 7		
Additional Information (option	oal):				
Student Signature				 Date	