



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby give Central Ohio Technical College permission to verify my enrollment and/or release grades, cumulative GPA and any other academic information requested. This information should be reported to:

(Name and Address of *Agency*)

I am a full-time/part-time (circle one) student in the _____ technology/program.

Please note in the space provided any specific information needed.

Student Signature

Print Name

The student is responsible for verifying that the requested information was received by the **agency** in a timely manner.

Social Security Number

Date