



Release of Information Form

I, (print name) _____, authorize the Chancellor of the Ohio Department of Higher Education to release my educational records, which includes my name, social security number, student ID number, and date of birth, to the agencies listed below. The agency use of these records is limited to and in connection with the audit and evaluation of Federally supported education programs, or in connection with the enforcement of the Federal legal requirements, that relate to such programs.

Student/Examinee information released to for the purpose of:

Employment

Ohio Department of Job and Family Services
30 East Broad Street, 32nd Floor
Columbus, Ohio 43215

High School Equivalence Diploma

Ohio Department of Education
25 S. Front Street
Columbus, Ohio 43215

Education Outcomes for students co-enrolled

Opportunities for Ohioans with Disabilities
400 East Campus View Blvd.
Columbus, OH 43235

My signature is acknowledgement that I have read and voluntarily consented to the release of the above-mentioned educational records as collected and utilized by the Aspire program I have previously enrolled in or tested with.

Signature of Student/Parent or Guardian*

Date

If signing electronically, type /s/ First and Last Name.

*** Students under the age of 18 must have this consent form signed by the student’s parent or guardian.**

Revised August 2020