



Revocation of Release of Information Form

I, (print name) _____, revoke my prior authorization given to the Chancellor of the Ohio Department of Higher Education for the release of my educational records, which includes my name, social security number, student ID number, and date of birth, to the agencies listed below.

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 now voluntarily revoke any and all Release of Information Form(s) signed by me pertaining 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 *
If signing electronically, type /s/ First and Last Name.

Date

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