



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:

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

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

Center for Human Resources Research
The Ohio State University
921 Chatham Lane
Suite 200
Columbus, OH 43221-2418

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.

Social Security Number or HSE Security Number * _____

Signature of Student/Parent or Guardian **

Date

* Use of Social Security Number is optional. If you choose to give us your Social Security Number, we will use it to maintain your file and assure prompt and accurate reporting.

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

(Revised June 2018)