



RELEASE OF CONFIDENTIAL PERSONAL INFORMATION AUTHORIZATION

I _____ authorize _____ to contact the Ohio
Student's Name Name of the person to be authorized

Department of Higher Education about my previous, current or future enrollment in or attendance at an Ohio college or university, or relevant educational program. I authorize the Ohio Department of Higher Education to discuss personal, confidential information relating to my financial aid, scholarship or loan applications; accounting, grades, credits or other related subjects; and to receive confidential and personal information on my behalf.

I _____ acknowledge that _____
Student's Name Name of the person to be authorized

is my _____
Identify student's relationship to person being authorized (such as parent, spouse or legal representative.)

I understand that my information, once provided to the authorized person, is no longer under the control of the Ohio Department of Higher Education.

I understand that this authorization **will remain in effect** unless and until I revoke the authorization in writing.

If, in the future, you choose to revoke this authorization, except to the extent that action has been taken, you must do so in writing and send the written signed and dated document to:

Jim Bennett
Vice Chancellor of Finance
The Ohio Department of Higher Education
25 South Front Street
Columbus, Ohio 43215

Please send this completed form by mail to the above address or email to **JBennett@highered.ohio.gov**

Student's Printed Name _____

Student's Signature _____ Date _____

Student's Social Security Number* _____ Phone _____

*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.