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AUTHORIZATION TO RELEASE INFORMATION

NAME OF THE STUDENT STUDENT ID# (or SS#) ACADEMIC PROGRAM

PLEASE READ: In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits TOLEDO CAREER INSTITUTE and its representatives to disclose the information specified below to the following individual(s) or agency(ies):

Name: _____

Name: _____

Name: _____

This consent shall be valid throughout the student's enrollment at the TOLEDO CAREER INSTITUTE and thereafter but may be modified or rescinded in writing by the student at any time. The parent(s), legal guardian(s), tuition provider(s), or other indicated individual(s) agree that they shall not disclose the specified information to third parties without the student's authorization.

INFORMATION TO BE RELEASED: The following information from my records at the TOLEDO CAREER INSTITUTE may be released to the above-specified persons:

- _____ Grades and academic standing _____ Academic information
- _____ Discipline records
- _____ Tuition and fee status
- _____ Other, please SPECIFY: _____
- _____ All records or information

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974.

Student's Signature: _____

Date: _____

Witness/ Registrar: _____

Date: _____