

STUDENT INFORMATION RELEASE FORM

Federal law prohibits Aultman College of Nursing and Health Sciences from releasing student information to a third party without the student's written authorization. To grant Aultman College permission to release your information to another person, please complete and sign this form as directed. Please keep a copy of the signed release form for your records. You may revoke/cancel your authorization at any time by completing Section D.

Section A — STUDENT INFORMATION

Student Name	Last Four Digits of Student Social Security Number <table border="1" style="width: 100px; height: 30px; margin-left: auto; margin-right: auto;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>				
Student Phone Number					

Section B — PERMISSION

I authorize Aultman College of Nursing and Health Sciences to release the following information: (Check all that apply)

- Billing Information (including account balance, account charges, payments applied, payments due, refunds)
- Financial Aid (FAFSA information, SAP, award letters)
- Housing
- Registration and Grade Information (class schedule, GPA, applied grades)
- Transcript
- All of the above student records and information
- Other (please specify): _____

Section C — SELECTION OF DESIGNEE

Aultman College will release the designated information only to the person listed below:

Name of Designee	Designee's Relationship to Student	
Security Question (something known only by you and the designee, such as pet's name)	Security Answer	

SIGNATURE—Please Note: The most recent, signed Student Information Release Form on file will invalidate any previously submitted release form and will be adhered to as the binding document. Once signed, this release will remain in effect until you submit a written revocation, graduate or withdraw from the Aultman College of Nursing and Health Sciences. To revoke/cancel this release, please complete Section D below.

Student Signature	Date
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Section D — REVOCATION/CANCELLATION of prior release authorization

I wish to **REVOKE/CANCEL** the permissions that I granted to Aultman College of Nursing and Health Sciences to release my student information as set forth in this signed release form. I understand that my revocation will not affect any disclosures made by Aultman College of Nursing and Health Sciences in reliance upon this signed release form before the date of my signature below.

Student Signature	Date	
ACNHS Employee/Witness signature	Form of identification presented (driver's license, etc.)	Date