



2600 Sixth Street S.W.  
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## STUDENT INFORMATION RELEASE FORM

Federal law protects the privacy of student education records. Aultman College of Nursing and Health Services is not permitted to release non-directory information to a third party without your written authorization, except in limited circumstances. To authorize Aultman College to release your information, please complete and sign this form. Please keep a copy of the signed form for your records. You may revoke/cancel your authorization at any time by completing Section E.

### Section A – STUDENT INFORMATION

Student Name	Last Four Digits of Student Social Security Number				
Student Phone Number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

### Section B – PERMISSION

I authorize Aultman College of Nursing and Health Sciences to release the following information: (Check any and 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(s)	Designee's Relationship to Student
Security Question (something known only by you and the designee, such as pet's name)	Security Answer

### Section D – PURPOSE OF DISCLOSURE

State the purpose for the release:

**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 E below.

Student Signature	Date
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### Section E – 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