



REQUEST TO RELEASE INFORMATION

Student Name (Please PRINT)

Student Number

I _____, understand that as a student who is at least 18 years of age, I am legally responsible for my own educational decisions, including the ability to release my information to specific individuals or entities.

I ___ DO ___ DO NOT give Okaloosa Technical College permission to release my attendance, discipline, academic information, enrollment verification, student financial aid, etc. to my parent(s)/ guardian(s)/ spouse or entity (i.e. Vocational Rehabilitation, WIOA Scholarship, etc) listed below:

* Name of person/entity to release to (Please PRINT)

Relationship

* Person to release to (SIGNATURE)

****NOTE: A picture ID will be required***

Student Signature

Date