



Authorization for Release of Student's Confidential Information by Owens Community College

I, _____, authorize Owens Community College to release CONFIDENTIAL information from my student financial aid file to the following person(s):

To: _____

Relationship: _____

To: _____

Relationship: _____

This authorization is valid only for the ____/____ academic school year and must be renewed each school year.

Student's Signature

Date

The following information must be provided to verify the authenticity of the requests of your CONFIDENTIAL information.

Student's Social Security Number _____

Student's Date of Birth _____

Mother's Maiden Name _____