Consent to Release Student Information

I hereby authorize Apollo Career Center to release student information contained in my Apollo Career Center records including documents on file and other information as indicated below.

Please complete this form and return with any fee to: Adult Education

Apollo Career Center 3325 Shawnee Road Lima, OH 45806

Last Name:	First Name:	Name:	
Social Security #:	Phone #:		
Address:			
City:	State:	Zip:	
Date of Birth			
Program Enrolled in:	Ye	ear of graduation/	enrollment
Last Name at time of graduation/enrollments	ent if different from above:		
Information to be released (You must in	nitial each appropriate box.)	1	
Transcript of Grades (\$10.00 f	ee required) Rec	ceipt Code:	

Information Releas	<u>sea 10</u>		
Institution/Person: _			

_____ Other: _____

FAX number (if information is to be FAXed):

Student Signature (Required)

Please Print:

Signature: ______ Date: _____

The Apollo Career Center shall follow all applicable state and federal laws, rules and regulations which apply to student records. All information contained in the college records which is personally identifiable to any student shall be kept confidential and not released except upon prior written consent of the student or upon lawful subpoena or other order of a court of competent jurisdiction.