

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
Fax: 419-998-2994
Email: adultregistration@apollocc.org

Please Print:

Current Last Name: _____ First Name: _____ M.I.: _____

Last Name at time of graduation/enrollment if different from above: _____

Social Security #: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth _____

Program Attended: _____ **Year of graduation/enrollment** _____

Information to be released (*You must initial each appropriate box.*)

_____ Transcript of Grades (\$10.00 fee required)* Receipt Code: 03-012-1890
**You MUST call 419-998-3000 to pay via credit card if you fax or email signed release form.*

_____ Other Record: _____

Information Released To:

Institution/Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Send to email address: _____

Student Signature (*Required*)

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.