



# File Authorization / Disclosure of Information

### For Office Use Only

Process Date \_\_\_\_\_

Initials \_\_\_\_\_

Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

**I authorize the following persons/institution/agency to receive information regarding my student records (please print):**

|    |              |           |                                 |                                 |
|----|--------------|-----------|---------------------------------|---------------------------------|
| 1. | _____        | _____     | Relationship                    |                                 |
|    | First Name   | Last Name | <input type="checkbox"/> Mother | <input type="checkbox"/> Spouse |
|    | _____        | _____     | <input type="checkbox"/> Father | <input type="checkbox"/> Other  |
|    | Phone Number | Address   |                                 |                                 |
| 2. | _____        | _____     | Relationship                    |                                 |
|    | First Name   | Last Name | <input type="checkbox"/> Mother | <input type="checkbox"/> Spouse |
|    | _____        | _____     | <input type="checkbox"/> Father | <input type="checkbox"/> Other  |
|    | Phone Number | Address   |                                 |                                 |
| 3. | _____        | _____     | Relationship                    |                                 |
|    | First Name   | Last Name | <input type="checkbox"/> Mother | <input type="checkbox"/> Spouse |
|    | _____        | _____     | <input type="checkbox"/> Father | <input type="checkbox"/> Other  |
|    | Phone Number | Address   |                                 |                                 |

**I authorize the following offices to release information to the above named parties:**

- Business Office** *(Includes but not limited to: Cashiers Office, Accounts Receivable, Accounts Payable, and all Federal Perkins and Institutional Long Term Loans)*
- Registrar's Office** *(Includes but not limited to: Academic Standing, Grades, Transcripts, Major, Term Registration, Residency, Class Schedule)*
- Financial Aid**
- Housing and Residence Life**
- Dean of Students**
- Student Success Center** *(CFLAT, TOP, Career Services, Disability Services)*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Information will NOT be given over the phone. Persons requesting information in office must verify identity. All other requests must be in writing with a signature from the authorized person. This authorization is in effect until cancelled in writing by the student.**

Please return this completed form to the OIT Registrar's Office, 3201 Campus Drive, Klamath Falls, OR 97601