



## File Authorization / Disclosure of Information

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

**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 note that this form does NOT serve as a Release of Information for Integrated Student Health Center information, as those records are protected under HIPPA. If you would like to grant permission for ISHC staff to discuss medical/counseling issues with someone, please complete the Release of Information form FROM ISHC, located on the website at <http://www.oit.edu/campus-life/student-health/forms>.

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

<b>1.</b>	_____	_____	Relationship	
	First Name	Last Name	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse
	_____	_____	<input type="checkbox"/> Father	<input type="checkbox"/> Other
	Phone Number	Address		
<b>2.</b>	_____	_____	Relationship	
	First Name	Last Name	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse
	_____	_____	<input type="checkbox"/> Father	<input type="checkbox"/> Other
	Phone Number	Address		
<b>3.</b>	_____	_____	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: Cashier's 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** (*Testing, TOP, Career Services, Disability Services*)

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

Please return this completed form to the OIT Registrar's Office, 3201 Campus Drive, Klamath Falls, OR 97601  
This form will be saved to your electronic student file. 11/18 revised