

**FILE AUTHORIZATION FORM/
DISCLOSURE OF INFORMATION**

Student Name: _____

Student ID Number: _____

I authorize the following persons/institution/agency to receive information regarding my student records:

<i>Name</i>	<i>Contact Information (phone / address)</i>

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)*

___ Financial Aid

___ Housing and Residence Life

___ Dean of Students

___ Registrar *(Includes but not limited to: academic standing, grades, transcripts, major, term registration, residency, class schedule)*

This authorization is in effect until cancelled in writing by the student.

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.

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

Social Security Number Disclosure and Consent Statement: You are requested to voluntarily provide your Social Security Number to assist OIT and OUS in administering student aid programs (including institutional loans); improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with subsequent work-force experiences. By providing your Social Security Number, you are consenting to the uses identified above. This request is made pursuant to ORS 351.070 and 361.085. Provision of your Social Security Number and consent to its use is not required and, if you choose not to do so, you will not be denied any right, benefit, or privileges by law. You may revoke your consent for the use of your Social Security Number at any time by writing to: Office of the Registrar, Oregon Institute of Technology, 3201 Campus Drive, Klamath Falls, OR 97601.

For Registrar's use only

Data Entry Date: _____ by: _____