



**AUTHORIZATION FOR
RELEASE OF CONFIDENTIAL
INFORMATION**

Office of the Registrar
201 W. University
Odessa, Texas 79764

Name: _____ SSN: _____

I hereby authorize Odessa College officials to discuss non-directory information (confidential information protected by the Family Educational Rights and Privacy Act of 1974) with _____.
(specify the individual's name)

This discussion may take place via telephone (upon confirmation of student's address and date of birth) or in person (upon presentation of photo identification).

This authorization will take effect upon presentation of this document to the Office of the Registrar (or OC official at an off-campus site) by the student him/herself, validated by photo identification, and it will remain in effect until revoked by the student.

Signature: _____ Date: _____