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**Family Educational Rights and Privacy Act (FERPA)**  
20 U.S.C. § 1232g; 34 CFR Part 99)  
**CONSENT TO RELEASE STUDENT INFORMATION**

TO ADMINISTRATOR(S) AND/OR STAFF OF:

\_\_\_\_\_ (College, University, or Career Center that will release the educational records)

Please provide information from the educational records of:

\_\_\_\_\_ (Name of Student requesting the release of educational records)

to the Ohio Peace Officer Training Commission (OPOTC).

The information to be released under this consent includes any requested records, other than medical records held solely by Student Health Services or the Counseling Center. The information is to be released for the purpose of Ohio Peace Officer Training Commission oversight of, and communication regarding training programs related to Ohio Administrative Code Chapters 109:2-1 through 109:2-18.

I understand the information may be released orally or in the form of copies of written records, photographs, videos, electronic documents, or otherwise, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to the Commander of the OPOTC-approved school with which I am or was associated and/or enrolled. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the Ohio Peace Officer Training Commission for the purposes described above.

Student Name (print) \_\_\_\_\_  
(Name of parent/legal guardian, if student is a minor)

Signature \_\_\_\_\_  
(Signature of parent/legal guardian, if student is a minor)

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_