



# Ohio Medical Career College

Dayton Campus: 1133 S. Edwin C. Moses Blvd, Suite 110 Dayton, OH 45417  
Phone: (937) 567-8880 Fax: (937) 567-8881 Website: [www.omcc.edu](http://www.omcc.edu)

## Request for Release of Education Records

The term "education records" is defined as those records that contain information directly related to a student and which are maintained by an educational agency or institution. Ohio Medical Career College (OMCC) is required by law to obtain written request from students before providing and releasing copies of documents disclosing any personally identifiable information from their education records. Such written request for disclosure must: (a) specify the education record(s) to be released; (b) identify the party or class of parties to whom disclosure may be made; and (c) be signed and dated by the student. **Requests cannot be processed without a student signature.** Please submit completed request forms to [registrar@omcc.edu](mailto:registrar@omcc.edu) or via fax 937-567-8881 if you cannot submit form in person. If you plan to pick up copies of requested at the Registrar Office in person, you will be required to show a valid photo ID at the time of pick-up.

Your account must be cleared of all holds before your request can be processed. Please check your holds and unmet financial obligation with OMCC Bursar Office by email at [bursar@omcc.edu](mailto:bursar@omcc.edu).

### Request From:

In accordance with state and federal laws, I hereby request/grant permission to the release of my Ohio Medical Career College education records as stated below:

Student Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Program Attended: \_\_\_\_\_

Start Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Specific education records to be released (only valid requests for information considered student's education records will be processed):

### Where Documents Should be Sent:

\_\_\_\_\_

(Recipient Full Name/Office)

\_\_\_\_\_

(Complete Mailing Address)

\_\_\_\_\_

\_\_\_\_\_

\* Number of Copies Requested: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Service Options & Fees:

	Service (check one)	Fee / Copy	Availability
<input type="checkbox"/>	Standard In Office Pick-Up	\$30	Picked up in the Registrar Office in three (3) business days (form and payment must be submitted in person).
<input type="checkbox"/>	Same Day In Office Pick-Up	\$40	Picked up in the Registrar Office on the same business day (form and payment must be submitted in person).
<input type="checkbox"/>	Standard Mailing	\$45	Processed within four (4) business days of receipt of form and payment, and then mailed via USPS Standard Mail.
<input type="checkbox"/>	Certified Mailing	\$55	Processed on the same day of receipt of form and payment, and then mailed via USPS Certified Mail.

Payments should be made out to Ohio Medical Career College; acceptable forms of payment are cash, money order, and certified check. Valid requests will be processed and records mailed out through USPS or available for in-person pickup within the aforementioned timeframe upon the receipt of payment. Complete one form each time you want your records released, as OMCC does not provide for blanket releases.