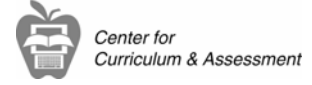




Release of Information Form



I, (print name) _____, authorize the Ohio Department of Education and the Ohio Board of Regents to release my educational records, which includes my name, social security number, student ID number, and date of birth, to the agencies listed below. The agency use of these records is limited to and in connection with the audit and evaluation of Federally-supported education programs, or in connection with the enforcement of the Federal legal requirements, that relate to such programs.

Student/Examinee information released to:

Ohio Department of Job and Family Services
4020 East Fifth Avenue
Columbus, Ohio 43219

Ohio Board of Regents
30 East Broad Street
Columbus, Ohio 43266-0417

Ohio Department of Education
25 S. Front Street, Mail Stop 614
Columbus, Ohio 43215

My signature is my acknowledgement that I have read and voluntarily consented to the release of the above-mentioned educational records as collected and utilized by the Adult Basic and Literacy Education (ABLE) program I have previously enrolled in or tested with.

Social Security Number or Security Number * - -

Signature of Student/Parent or Guardian**

Date

* Use of Social Security Number is optional. If you choose to give us your Social Security Number, we will use it to maintain your file and assure prompt and accurate reporting.

** Students under the age of 18 must have this consent form signed by the student's parent or guardian.