

AUTHORIZATION TO RELEASE INFORMATION

The Ohio State University

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that university personnel may provide information from your education records as indicated below.

Name of Student: _____ DOB: _____

I, the undersigned, authorize The Ohio State University to release the following educational records and/or any information contained therein (please identify specific records, types of records, or indicate "all records"):

To (Name and Address of Person/Agency to Receive Information):

For the purpose of:

I understand and acknowledge that: (1) I have the right not to consent to the release of my education records; and (2) this consent shall remain in effect until revoked by me, in writing, and delivered to The Ohio State University, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

Student's Signature

Date

PLEASE RETURN COMPLETED FORM TO: _____