



Authorization to Release Information

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.

I, student of OSU, the undersigned, authorize the Civil Rights Compliance Office to release the following educational records and/or any information contained therein.

- All conduct case history
- Information pertaining to this conduct case only
- All records
- Other- Please specify:

Name of the person I would like to share records with:

My relationship to the person I would like to share records with (advisor, parent, attorney):

Phone number of the individual:

- I would like this person to be included on email communications with me

Email address to be included:

Phone number of individual:

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.

Name of Student:

Student Date of Birth:

Signature of Student:

Date of Signature: