



# 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 educational records. By signing this form, you agree that university personnel may provide information from your educational records as indicated below.

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

## Release:

**I, the undersigned, authorize The Ohio State University to release the following educational records and/or any information contained therein.**

Initial next to the below release statement(s):

- \_\_\_\_\_ All conduct case history
- \_\_\_\_\_ Information pertaining to this conduct case only [Case Number: \_\_\_\_\_ ]
- \_\_\_\_\_ All records
- \_\_\_\_\_ Other \_\_\_\_\_

Name and relationship with person releasing information to (i.e., advisor, parent, friend, attorney):

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

This person will serve as my advisor      YES              NO

## Information:

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.

## Signature:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date