



OHIO
UNIVERSITY

CONSENT TO RELEASE EDUCATION RECORDS-GRADES

Office of the
University Registrar
Chubb Hall
Athens OH 45701-2979

I hereby authorize Ohio University to release grade reports to my parents/guardians or other named individuals identified below.

Name

Notify by: Secure FTP US Mail
(choose one method only)

Email

Address

City *State* *Zip*

Name

Notify by: Secure FTP US Mail
(choose one method only)

Email

Address

City *State* *Zip*

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent.

This permission will be in effect until I revoke it in writing to: Ohio University, Office of the University Registrar, Chubb Hall, Athens, OH 45701.

Student's Name (print)

Student's Signature

Date

Student Identification Number

Student Ohio Email Address

FOR OHIO UNIVERISTY – OFFICE OF THE UNIVERSITY REGISTRAR USE ONLY	
Form processed by: _____	Date: _____