



**OHIO**  
UNIVERSITY

CONSENT TO RELEASE EDUCATION RECORDS-  
GENERAL

Office of the  
University Registrar

Chubb Hall  
Athens OH 45701-2979

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

I, the undersigned, hereby authorize Ohio University to release the following educational records and information (identify records or types of records):

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

For the purpose of:

(NOTE: This release is not a transcript order form. For information about ordering an Ohio University transcript, please visit the following link: <https://www.ohio.edu/registrar/transcripts>.)

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to review such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to Ohio University, but that any such revocation shall not affect disclosures previously made by Ohio University prior to the receipt of any such written revocation.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.**