



CONSENT TO RELEASE EDUCATION RECORDS-
RECOMMENDATIONS

Office of the
University Registrar

Chubb Hall
Athens OH 45701-2979

Name of Student: _____ Ohio University PID: _____

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned, hereby authorize Ohio University to release the following:

- _____ Ohio University Unofficial Transcript (complete history of academic record)
- _____ Ohio University Grade Reports (specify which quarter(s): _____)
- _____ Ohio University Accumulative GPA
- _____ Ohio University Graduation Class Rank
- _____ Ohio University College File (which may include education records from other institutions)
- _____ Other _____
- _____ Other _____

to _____ for the purpose of writing a letter of
[insert name of Ohio University faculty or staff member]
recommendation on my behalf in which he/she may reference the above-marked records. The letter of recommendation may be sent to the following individual(s) and/or entity(ies):

This consent shall remain in effect until revoked by me, in writing, and delivered to Ohio University, but any such revocation shall not affect disclosures previously made by Ohio University before the receipt of any such written revocation.

Check One:

- _____ I waive my right to review a copy of this letter at any time in the future.
- _____ I do not waive my right to review a copy of this letter at any time in the future.

_____ Signature _____ Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER 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.