



**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 quarterly grade reports to my parents/guardians or other named individuals identified below.

\_\_\_\_\_  
*Name*

Method of Notification  E-mail  US Mail  
*(choose one method only)*

\_\_\_\_\_  
*E-mail*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Name*

Method of Notification  E-mail  US Mail  
*(choose one method only)*

\_\_\_\_\_  
*E-mail*

\_\_\_\_\_  
*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 Oak E-mail Address*

FOR OHIO UNIVERISTY – OFFICE OF THE UNIVERSITY REGISTRAR USE ONLY

Form processed by: \_\_\_\_\_

Date: \_\_\_\_\_