



Name of Student: _____ PID: _____

I, the undersigned, hereby authorize Ohio University to release the following education records and information (identify records or types of records): **(Check all that apply.)**

- ___ application / admission status ___ course registration status
- ___ billing questions ___ accumulative GPA ___ term GPA
- ___ other _____

Contact 1

Name: _____
Relationship: _____
Address: _____ _____
Email: _____
Phone: _____

Contact 2

Name: _____
Relationship: _____
Address: _____ _____
Email: _____
Phone: _____

Method of disclosure: (Check all that apply.)

- Phone Email U.S. Mail Online Other _____

Additional Information:

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.

Return this form to: Undergraduate Admissions • Chubb Hall 120 • 1 Ohio University • Athens, OH 45701

FOR OFFICE USE ONLY:

Date Received: _____ Initials: _____