

Consent to Release Education Records: General



OFFICE OF THE UNIVERSITY REGISTRAR

FIRST FLOOR, CHUBB HALL, 1 OHIO UNIVERSITY DRIVE, ATHENS, OH 45701-2979
PHONE 740.593.4191 | FAX 740.593.0216 | EMAIL registrar@ohio.edu | WEB ohio.edu/registrar

Description: Records release authorization for Ohio University departments/staff, such as academic colleges and advisors

Submit release to: The specific department/staff responsible for the educational record(s) requested. The student must complete a form for each department/staff member. These forms are retained by the department/staff.

Types of records: Dependent on the department/staff. If you have questions, please ask the owner of the educational record. i.e., the Office of the University Registrar is responsible for final grades and would be considered the owner of the educational record.

Who submits the release? Student

Student Name: _____

Student PID: _____

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

Release the above educational records to: _____

For the purpose of: _____

(NOTE: This release is not a transcript order form. Visit our website for information about ordering an **Ohio University transcript**.)

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; and (3) 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.

Consent to release form can be submitted by **Secure Upload Portal**, mail Ohio University, Office of the University Registrar; 1 Ohio University; Chubb Hall, First Floor; Athens, OH 45701-2979, fax-740.593.4184 or in person Chubb Hall 115.

Signature: _____

Date: _____

OHIO UNIVERSITY OFFICE OF THE UNIVERSITY REGISTRAR USE ONLY

Form approved/processed by: _____

Date: _____