THE OHIO STATE UNIVERSITY

University Registrar

Authorization to Release Information – Alumni / Former Students

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that university personnel may provide information from your education records as indicated below. A photo ID must be submitted with your completed authorization form.

Name of Student (First, Middle, Last): _____

Date of Birth: _____ Alternate name on record: _____

Withhold/Allow Release of Directory Information:

By checking the box below, you indicate that you wish to change your preference to withhold or release your Directory Information.

- ☐ I wish to withhold the release of my Directory Information.*
- ☐ I wish to remove the "Withhold" restriction to release my Directory Information.

Authorization to Release Information to Specified Organizations or Individuals:

I, the undersigned, authorize The Ohio State University to release the following educational records and/or any information contained therein:

☐ Academic Information ☐ Account Information ☐ Financial Information

Designee Information:

A separate form must be completed for each individual designee that is being authorized to receive information.

The designee is an (check one box): ☐ Individual ☐ Organization

Please provide the following required information:

Name of Individual or Organization: _____

Phone Number: _____ Email: _____

Please select the relationship you (student/alumni) have in relation to the **Individual** designee. *(Choose only one option from the below)*:

Parent: ☐	Legal Guardian: ☐	Spouse: ☐
Child: ☐	Sibling: ☐	Self: ☐
Other Relative: ☐	Partner: ☐	Other: ☐

Access Code (Required): Ohio State requires an Access Code to be known and provided by the person/organization to whom you grant access to receive information. This code may be alphanumeric but cannot exceed 5-characters. Please provide the Access Code below:

_____ _____ _____ _____ _____

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

Student's Signature:_____ Date: _____

*If directory information is withheld, it will be withheld from a variety of sources, including yourself. Submit an Authorization to Release Information for yourself to ensure university representatives can discuss your account with you.

This form is intended for Alumni or former students only. Print and physically sign the form, then scan and upload the form and a copy of your photo ID securely at https://registrar-apps.osu.edu/ferpa/. The Registrar's Office will be notified when the form has been received and is ready for processing. If you no longer have an active university account, please email your signed form to registrar@osu.edu.