



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.

Name of Student: _____ Date of Birth: _____

I, the undersigned, authorize The Ohio State University to release the following educational records and/or any information contained therein (please check each box to specify Academic Information; Account Information; Financial Aid information):

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 a (check one box): Person Organization

If you selected Organization, please provide the following information:

Name of Organization (Required): _____ Phone Number (Required): _____
Email (Optional): _____

If you selected Person, please provide the required information:

First Name: _____ Last Name: _____ Phone Number (Required): _____

If you selected Person, please select the relationship you (student/alumni) have in relation to the designee. (Choose only one option from the below):

Child:	<input type="checkbox"/>	Employee:	<input type="checkbox"/>	Estate:	<input type="checkbox"/>
Ex-Domestic Partner:	<input type="checkbox"/>	Ex-Spouse:	<input type="checkbox"/>	Foster Child:	<input type="checkbox"/>
Friend:	<input type="checkbox"/>	Grandparent:	<input type="checkbox"/>	Grandchild:	<input type="checkbox"/>
Legal Guardian Child:	<input type="checkbox"/>	Neighbor:	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Other Child:	<input type="checkbox"/>	Other Relative:	<input type="checkbox"/>	Parent:	<input type="checkbox"/>
Parent In-Law:	<input type="checkbox"/>	Parent, Guardian, Spouse:	<input type="checkbox"/>	Roommate:	<input type="checkbox"/>
Same Sex Domestic Partner/Spouse:	<input type="checkbox"/>	Same Sex Domestic Partner Child:	<input type="checkbox"/>	Self:	<input type="checkbox"/>
Sibling:	<input type="checkbox"/>	Sponsored Adult, no Medicare:	<input type="checkbox"/>	Sponsored Adult, with Medicare:	<input type="checkbox"/>
Sponsored Dependent Child:	<input type="checkbox"/>	Spouse:	<input type="checkbox"/>	Stepchild:	<input type="checkbox"/>
Ward:	<input type="checkbox"/>				

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: _____

Alumni or former students only can download and complete this form. Print and physically sign the form, then scan and upload the form securely at <https://registrar.osu.edu/secure/FERPA/>.