



Authorization to Release Information

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.

Current students are encouraged to update their Student Information Release on My Buckeye Link, accessible from buckeyelink.osu.edu. Learn [more](#) about setting up permissions.

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 specify Academic Information; Account Information; Financial Aid information, or "all records"):

To (name and address of person/agency to receive information):

For the purpose of:

In order for Ohio State to release information to your designees, please provide a code of up to five letters and/or numbers. It can be anything like a pet's name or a house number. The person to whom you grant access to receive your information must know this Access Code in order to view the information.

Access Code:

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: _____