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: _______________

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


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/.